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GENERAL HEADQUARTERS
SUPREME COMMANDER FOR THE ALLIED POWERS
Public Health and Welfare Section

WEEKLY BULLETIN

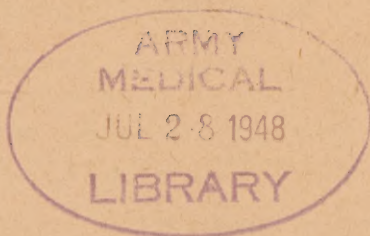
For Period

5 July - 11 July

1948

Number 80

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SECTION I

PREVENTIVE MEDICINE DIVISION

Sanitation

Cement Allocations for Water Works and Sewage Systems, reference: AG 411.8 (7 Jul 48)PH, dated 7 July 1948, subject as above. Limited supplies of cement and other critical materials for the repair of water works and sewer systems are available for immediate distribution. Construction plans and estimates, together with recommendations and justification, are to be prepared quarterly by the Sanitation Bureau of the Prefectural Department of Health and submitted to the Prefecture Reconstruction Board for checking to determine that the design and proposed operations are properly planned along sound engineering principles. They are then forwarded to the Ministry of Welfare.

Priorities for public water supply projects should be established on the following basis:

1. Repairs and renovation (including distribution systems) of water works that will result in an immediate increase in the quality and quantity of the supply.
2. Completion of partially constructed projects that are considered urgently needed for domestic uses.
3. New installations including extensions to existing systems.

Priorities for sewer systems repair and construction projects should be established on the following basis:

1. Repair and renovation of existing systems - including construction of slabs to cover street drains.
2. Completion of partially constructed systems (including house connections to sanitary sewers).
3. New installations.

Venereal Disease Prevention Law

The Venereal Disease Prevention Law was passed by the Diet on 3 July, to be effective 1 September. Certain preparations will need to be made prior to that date to insure adequate diagnostic and treatment facilities for implementation of the law. In brief, the provisions of the law include the following:

Physicians are to submit a written report of diagnosed cases and the names and addresses of contacts to the local Health Center within 24 hours (article 6).

Physicians are to report to the local Health Center patients who fail to carry out instructions as to treatment and preventive measures, or who lapse treatment (article 7).

Persons entering matrimony are to have a health examination to determine freedom from Venereal Disease ("shall try, in advance, to exchange their health certificates prepared by a physician") (Article 8).

Women who become pregnant are to have a health examination to determine freedom from Venereal Disease (article 9).

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When necessary, contacts of patients not under treatment by a physician, habitual prostitutes and suspects may be required by government order to have a health examination, if there is reasonable evidence to suspect the presence of venereal disease. (Articles 10,11,12).

Patients may be required to report on treatment they are taking, and may be required to enter hospitals or clinics if necessary during the infectious period. (Articles 14, 15).

Examination and treatment facilities are to be established by prefectures and by cities, towns and villages as provided by Ministerial Ordinance (Article 16).

Costs of examination and treatment are to be collected from the individuals concerned, except that those unable to pay shall be given free examination and/or treatment. Net costs for administering this Law are borne jointly by local public bodies, prefectures, and the national treasury (Articles 17,18,19,21).

Expenditures for "dissemination of the knowledge of the treatment and prevention of VD executed by the prefecture" are subsidized to not exceed one half, within the limit of the budget (national) for this purpose. (Article 20).

In case of compulsory examination of contacts, prostitutes, and suspects, the order for examination must be accompanied by a notification to the persons concerned that he (or she) has a right to appeal to a court prior to the examination for a withdrawal of the order. This appeal may be made if the individual concerned claims that he (or she) does not come within the provisions for compulsory examinations for which there must be reasonable evidence to suspect the individual to have venereal disease or to be a habitual prostitute. In case of appeal, the examination will not be performed before the court decision is made. (Article 25).

Penalties are provided for those who, knowing that they have venereal disease in an infectious stage, act so as to infect others. Penalties are also provided for those who assist or solicit or provide a place for prostitution in the presence of venereal disease in an infectious stage. (Articles 26,27,28).

All information obtained by physicians and health officials in the course of examination, treatment and reporting of cases, contacts and suspects is not to be revealed without proper reasons. Individuals are also prohibited from giving false information as to the identity of contacts, or from hindering public officials in the performance of their duties. (Articles 29, to 32).

SECTION II

MEDICAL SERVICES DIVISION

Civilian Hospital Strength Report for the week ending 28 May shows a total of 3,451 hospitals with bed capacity of 210,562, of which 98,010 were occupied. During this period, 295,942 out-patient treatments were rendered.

SECTION III

DENTAL AFFAIRS DIVISION

The Dentists Law was passed by the Diet, 4 July, and becomes effective 1 October. It sets forth the requirements for qualification for practice and provides for national examination, registration and licensing. Penal rules for violation of the provisions of this law are included.

The Dental Hygienist Law, passed by the Diet 4 July to be effective 1 October, fixes the qualification requirements and provides for the examination and licensing of dental hygienists.

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SECTION IV

VETERINARY AFFAIRS DIVISION

A representative of Public Health and Welfare Section inspected the sea-food processing establishments in Shimonoseki, Yamaguchi Prefecture and found that good sanitary measures are being taken in the handling of all sea-foods. Five establishments were inspected and each meets requirements for processing sea-food for export use. Changes in the handling of sea-food being unloaded from boats to the dock were suggested and will be carried out.

The Yamaguchi Veterinary and Livestock School located at Ogori was inspected. The status of this School is expected to be changed in the near future as it will be absorbed as a branch of the Yamaguchi National University. Future plans will be discussed with the Ministry of Education in order to have it placed on the accredited list.

Animal Disease Report

The following report was submitted by the Ministry of Agriculture and Forestry listing new outbreaks of animal diseases for period 3-9 July.

<u>Prefecture</u>	<u>Disease</u>	<u>No. of Cases</u>
Nagasaki	Texas fever	1
Niigata	Swine erysipelas	1
Nagano	Swine erysipelas	2
Kagoshima	Swine erysipelas	1
Hokkaido	Swine erysipelas	1
Gumma	Swine erysipelas	41
Kyoto	Swine erysipelas	5
Tottori	Swine plague	1
Tottori	Blackleg	1

Note: Serums and vaccines were sent to Gumma Prefecture for use in controlling the outbreak of Swine erysipelas.

SECTION V

NURSING AFFAIRS DIVISION

First National Hospital School of Nursing

Miss Yoshida has been appointed as Director of Nursing Service. Conferences have been held regarding the reorganization of chart room, setup for administration of medications and hypodermics and the moving of the nurses dining room to a better place.

The total number of nurses by classification is as follows:

Supervisors and Instructors	15
Older graduates	114
New Graduates	62
Affiliates	4
Students (2nd Year)	<u>31</u>

Total 226

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Tokyo Model Demonstration School of Nursing

Student government has been organized by the student body with officers elected and an advisor appointed. The students have entered wholeheartily into this and it will serve to help them understand the necessity of rules and co-operation in this new Japan.

The nursery is being enlarged and remodeled as 35 baskets are no longer sufficient to take care of the increased maternity cases.

Nursing Affairs Section, Ministry of Welfare

A Nursing Affairs Section in the Ministry of Welfare is being established and Mrs. Hora of Osaka has been appointed as Chief. This is a great achievement for the Japanese nurses.

Publications

Dr. C. Ohta has sent out notices regarding the expected date of release on several pamphlets, Child Care, Infant Care and two on Tuberculosis. Send orders direct to Dr. C. Ohta for these publications. Name and address is in the Japan Nursing Journal.

SECTION VI

SUPPLY DIVISION

General

Comments contained in Monthly Activities Reports of Military Government Teams are carefully reviewed with supply deficiencies being reported to Ministry of Welfare officials promptly for correction. These comments are of material assistance in Public Health and Welfare Section in accomplishing supply and fiscal programs. It is suggested that detailed information be included whenever possible in order to expedite action at the Ministry of Welfare level.

Production

A total of 4,427 pieces of the various types of DDT dusting and spraying equipment for mosquito and fly control programs was produced during the period 27 June - 3 July.

During the period 27 June - 3 July, 411,230 lbs. of 10% DDT dust, 39,090 gallons of 5% DDT residual effect spray, and 4,052 vials of typhus vaccine were distributed. At the same time, 68,000 lbs. of 10% DDT dust, 38,155 gallons of 5% DDT spray, and 1,600 vials of typhus vaccine were received from the manufacturing plants. Total stocks on hand in wholesale houses of the Ministry of Welfare as of 3 July include 2,369,638 lbs. of 10% DDT dust, 252,322 gallons of 5% DDT spray, and 76,661 vials of typhus vaccine.

Distribution

Dusters and sprayers for insect and rodent control were shipped to 25 prefectures under Ministry of Welfare supervision in the period 27 June - 3 July. A total of 3,308 pieces of equipment were distributed as follows:

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<u>Prefecture</u>	<u>DDT Duster</u>	<u>Knapsack Sprayer</u>	<u>Semiautomatic Sprayer</u>	<u>Hand Sprayer</u>	<u>Power Duster</u>
Tokyo	150	67	0	50	0
Saitama	0	77	0	100	0
Tochigi	0	144	0	0	1
Fukushima	0	70	0	0	0
Ibaraki	0	61	0	0	0
Yamanashi	0	6	2	0	0
Nagano	0	132	1	0	6
Aomori	240	18	10	0	0
Iwate	0	680	10	0	2
Chiba	100	168	0	0	0
Shizuoka	0	30	1	0	1
Gifu	0	10	14	0	0
Ishikawa	0	11	0	0	0
Hiroshima	0	10	0	0	0
Kyoto	200	150	40	20	0
Nagasaki	0	5	0	0	0
Hokkaido	0	30	0	0	0
Kanagawa	0	10	0	0	0
Yamagata	0	5	0	0	0
Wakayama	0	30	179	0	0
Shiga	0	100	0	50	0
Fukuoka	0	0	2	0	0
Osaka	100	0	0	0	0
Kumamoto	150	50	10	0	0
Niigata	0	0	5	0	0
Total	940	1,864	274	220	10

The Ministry of Welfare directed that 418 drums, 50 gallons each, of pyrethrum emulsion be shipped to 3 prefectures in the period 28 June - 4 July. This is equivalent to 627,000 gallons of finished insecticide. Shipments are as specified below.

Distribution of Pyrethrum Emulsion, 30X, 28 June - 4 July 1948

<u>Prefecture</u>	<u>Quantity 50-gal. Drums</u>
Tokyo	343
Toyama	25
Hyogo	<u>50</u>
Total	418

A recent release of surplus vehicles was made by the British Forces to the Japanese Government. The Ministry of Welfare was allocated eight 3-ton trucks which are being distributed to eight local agencies throughout Japan to be used for garbage collection, and transportation of supplies and personnel. One truck will be allowed each of the following agencies:

Public Health Institute, Tokyo
Social Affairs Section, Public Welfare Dept., Hokkaido Gov. Bureau
Construction Section, Welfare Supply Bureau, Tokyo Metropolis
Cleaning Section, Health Bureau, Yokohama City
Health Section, Public Welfare Dept., Chiba City
Children Section, Public Welfare Dept., Osaka City
Health Section, Kochi City
Public Health Section, Health Bureau, Tokyo Metropolis

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Anti-rabies vaccine (canine) shipments were ordered by the Ministry of Welfare to 19 prefectures in May.

DISTRIBUTION OF ANTI-RABIES VACCINE, MAY 1948

<u>Prefecture</u>	<u>Unit: cc</u>
Hokkaido.....	16,000
Aomori.....	10,000
Iwate.....	500
Ibaraki.....	10,000
Gumma.....	5,800
Saitama.....	1,400
Chiba.....	12,000
Toyama.....	800
Yamanashi.....	1,000
Shizuoka.....	20,000
Aichi.....	20,000
Kyoto.....	4,000
Tottori.....	2,000
Miyazaki.....	2,000
Tokushima.....	700
Mie.....	2,000
Hiroshima.....	4,000
Fukuoka.....	12,000
Oita.....	6,000
Total	130,300

During May a total of 1,812,375 doses of smallpox vaccine was reported shipped to prefectures as listed below.

DISTRIBUTION OF SMALLPOX VACCINE, MAY 1948

<u>Prefecture</u>	<u>(Unit: dose)</u>
Hokkaido.....	425,550
Yamagata.....	5,600
Iwate.....	6,000
Fukushima.....	5,000
Ibaraki.....	650
Chiba.....	53,900
Saitama.....	8,710
Tokyo.....	160,125
Kanagawa.....	77,310
Gumma.....	9,600
Niigata.....	10,800
Fukui.....	450
Ishikawa.....	15,000
Nagano.....	8,000
Toyama.....	4,850
Aichi.....	36,100
Gifu.....	15,300
Osaka.....	113,900
Kyoto.....	50,100
Hyogo.....	2,100
Wakayama.....	6,000
Nara.....	9,300

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DISTRIBUTION OF SMALLPOX VACCINE, MAY 1948 (Cont'd).

<u>Prefecture</u>	<u>(Unit: dose)</u>
Mie.....	30
Okayama.....	11,100
Hiroshima.....	28,025
Tokushima.....	50,000
Kagawa.....	20,000
Ehime.....	2,000
Fukuoka.....	495,125
Nagasaki.....	52,200
Kumamoto.....	42,500
Miyazaki.....	24,000
Oita.....	10,300
Kagoshima.....	19,000
Tochigi.....	4,500
Yamanashi.....	2,000
Shizuoka.....	25,050
Akita.....	2,100
Others.....	100
Total	1,812,375

Allocation of 25,500 bottles of imported santonin tablets, $\frac{1}{2}$ grain, 100 tablets to a bottle, was made to all prefectures on the basis of population. Notification was sent to the prefectures under date of 9 June, Medical Affairs Bureau Instruction (I-Hatsu) No. 231. Santonin manufactured in Japan was allocated for the period July, August and September on notification dated 11 June Medical Affairs Bureau Instruction (I-Hatsu) No. 234 to each prefecture. A total of 9,900,000 tablets was allocated as listed below.

Listed below also are allocations for the months of July, August and September for sulfathiazole tablets and penicillin. Reference is made to paragraphs in Weekly Bulletin No. 78, 21 - 27 June, describing difficulties in distribution of these two items. It is desired that prefectural officials make full allocation of these two items from allowable inventories to all authorized to purchase these supplies.

ALLOCATIONS FOR JULY, AUGUST AND SEPTEMBER

<u>Prefecture</u>	<u>Imported Santonin Tab. (unit: bottle, 100 tablets)</u>	<u>Santonin (unit: tablet)</u>	<u>Sulfathiazole Tablets (unit: tablet)</u>	<u>Penicillin (unit: vial 100,000 O.U.)</u>
Hokkaido	990	390,000	1,978,000	29,470
Aomori	390	110,000	534,000	8,700
Iwate	340	130,000	574,000	9,900
Miyagi	460	180,000	717,000	13,720
Akita	320	130,000	539,000	10,350
Yamagata	340	130,000	552,000	10,720
Fukushima	540	210,000	926,000	16,120
Ibaraki	580	230,000	881,000	19,120
Tochigi	430	170,000	634,000	14,100
Gumma	430	170,000	687,000	13,120
Saitama	560	220,000	865,000	17,400
Chiba	640	250,000	966,000	20,620
Tokyo	2,350	920,000	3,515,000	68,400
Kanagawa	740	290,000	1,176,000	22,950
Niigata	690	270,000	1,057,000	22,650

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ALLOCATION FOR JULY, AUGUST AND SEPTEMBER (Cont'd)

<u>Prefecture</u>	<u>Exported</u> <u>Santonin Tab.</u> (unit: bottle, 100 tablets)	<u>Santonin</u> (unit: tablet)	<u>Sulfathiazole</u> <u>Tablets</u> (unit: tablet)	<u>Penicillin</u> (unit: vial 100,000 O.U)
Yamanashi	240	90,000	391,000	6,750
Nagano	610	240,000	960,000	18,220
Shizuoka	670	260,000	1,079,000	20,320
Toyama	280	110,000	467,000	8,920
Ishikawa	330	130,000	513,000	10,350
Fukui	220	80,000	341,000	6,750
Gifu	470	190,000	774,000	12,300
Aichi	1,220	460,000	2,048,000	28,350
Mie	480	190,000	772,000	13,500
Shiga	250	100,000	388,000	6,420
Kyoto	690	270,000	1,034,000	21,450
Osaka	1,660	650,000	2,940,000	31,950
Hyogo	1,000	390,000	1,773,000	28,870
Nara	330	130,000	555,000	7,350
Wakayama	290	110,000	448,000	9,300
Tottori	170	60,000	277,000	5,320
Simano	280	110,000	433,000	8,550
Okayama	550	220,000	879,000	16,570
Hiroshima	700	270,000	1,151,000	20,470
Yamaguchi	460	180,000	831,000	14,550
Tokushima	270	100,000	467,000	7,050
Kagawa	250	100,000	421,000	7,800
Ehime	430	170,000	684,000	14,700
Kochi	250	100,000	420,000	7,650
Fukuoka	1,080	400,000	2,059,000	35,400
Saga	300	120,000	567,000	8,770
Nagasaki	400	160,000	794,000	12,150
Kumamoto	570	220,000	902,000	18,970
Oita	390	150,000	643,000	12,300
Miyazaki	280	110,000	466,000	8,250
Kagoshima	<u>580</u>	<u>230,000</u>	<u>911,000</u>	<u>18,900</u>
Total	25,500	9,900,000	41,989,000	745,540

SECTION VII

NARCOTIC CONTROL DIVISION

Narcotic Control Activities Report - May

The May report of narcotic control activities from the Ministry of Welfare contains the following information:

Total registrants	83,463
Arrests - Registered persons	37
Unregistered persons	90
Convictions - Registered persons	8
Unregistered persons	39
Thefts of narcotics (including three hospitals)	27
Losses by fire	6

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Penalties for registrants varied from ¥ 250 fine to eight months penal servitude. Penalties for non-registrants varied from ¥ 500 fine to two years penal servitude with 17 of the defendants being sentenced to penal servitude. Charges against 29 defendants were dropped because of insufficient evidence. Sixty-four registrants were admonished and six minor violations were disposed of administratively.

The report also summarizes the activities of narcotic agents as follows:

Inspections of registrants	3,224
Investigations originated	317
Investigations concluded	330
Investigations not concluded	297

Admonition of Registrants

At the training school held in June, narcotic agents were advised to examine their records to determine the principal causes for admonition of registrants in each prefecture. It was emphasized the number of admonitions may be materially reduced by talking to as many groups of meetings of registrants as possible, calling to their attention these principal causes, and warning them that prosecution of any registrant, who has been so advised, will follow on the next occasion of an inspection if there is evidence that corrective action has not been taken.

SECTION VIII

WELFARE DIVISION

Juvenile (Court) Law

The Diet on 5 July passed a new Juvenile Law to be effective on 1 January 1949, which replaces the former Court Law (Law No. 42 of 1922).

An important provision of the new Law is the granting to the Family (Domestic Relations) Court of jurisdiction over juveniles rather than to a separate Juvenile Court. By placing jurisdiction over juveniles in the Family Court, it is hoped that court facilities can be provided for children in all parts of Japan and not merely in those areas where a separate Juvenile Court has been established in the past.

Under the new Law as well as the previous Law, jurisdiction of the court is much more limited than in Juvenile Courts in the United States. It is expected that needed governmental child welfare services in Japan will be provided by the Child Welfare Sections of Prefectural Departments of Welfare and by Child Welfare Centers. Through such a division of function it is hoped that necessary services can be provided with a minimum of duplication and overlapping of activities of the court and the child welfare program. The court's jurisdiction is limited to delinquent children who are actually charged with the violation of a criminal statute (Item 1 of Article 3) except for certain children who are delinquent or in danger of becoming delinquent (Item 2 of Article 3).

The court is not granted jurisdiction of children under the age of 14, other than those charged with the violation of a criminal law, unless transferred to the court by the governor or head of a Child Welfare Station.

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The new Juvenile Law will increase the responsibilities of the Child Welfare Stations authorized by the Child Welfare Law. Articles 3, 18 and 24 are the most important in this regard. Article 3 sets forth the jurisdiction of the court over juveniles; Article 18 authorizes transfer of cases to the child welfare authorities and Article 24 controls the disposition of children. These three articles are quoted below:

"Article 3: The Family Court shall have the jurisdiction over the following Juveniles:

- (1) Any juvenile who has committed a crime or any juvenile under 14 years of age whose acts or behavior has violated any criminal law or regulation.
- (2) Any juvenile of whom there is apprehension that he may commit a crime, in view of his character or surrounding circumstances, because of the existence of the following reasons:
 - (a) He habitually refuses to submit himself to the reasonable control of his guardian.
 - (b) He repeatedly deserts his home without good reason.
 - (c) He associates with persons of a known criminal or immoral nature, or frequents any place the existence of which is in violation of law.
 - (d) He habitually acts so as to injure or endanger his own morals or those of others.

The Family Court may put a juvenile under fourteen years of age to trial who comes under Item 2 of the preceding paragraph, only when the prefectural governor or the Head of the Child Welfare Station transfers him to the Court".

"Article 18:

The Family Court shall, when it deems it proper, upon investigation, to take measures in accordance with the provisions of the Child Welfare Law (Law No. 164 of 1947), render a ruling to transfer the case to the competent prefectural governor or the head of Child Welfare Station. However, this shall not apply to the cases which have been transferred from prefectural governors or heads of Child Welfare Stations."

"Article 24:

The Family Court shall, by means of a ruling, effect any of the following protective dispositions for a case in which the Court has conducted a trial, except the cases stated in the preceding Article:

- (1) To be placed under the supervision of the Juvenile Protection Committee (Shonen Hogo-iin Kai).
- (2) To be committed to a Home for Juvenile Training and Education (Kyogoin) or Protection Institution (Yogo-shisetsu).
- (3) To be committed to a reformatory (Shonen-iin).

In the case of the protective dispositions mentioned in Items 1 and 3 of the preceding paragraph, a Juvenile Protective Committee (Shonen Hogo-iin Kai) may be caused to take steps concerning the adjustment of the family affairs and other environments of the juveniles."

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Pamphlets Inclosed with this Issue.

Inclosed with this issue of the Weekly Fulletin are: (1) a pamphlet titled "Standards of Child Health, Education and Social Welfare", a publication of the U.S. Children's Bureau, and (2) a pamphlet titled "What is the Child Welfare Law", issued by the Japanese Children's Bureau, for use of Military Government Welfare Officers.

The U.S. Children's Bureau pamphlet was secured in a quantity only sufficient to make available one copy to each Child Welfare Board. It is therefore suggested that Welfare Officers copy any pertinent data contained in the pamphlet previous to its presentation. It is recommended that each Board establish and maintain a library of similar material for reference use.

The aforementioned Japanese pamphlet was issued in limited numbers to Prefecture welfare departments, but the Children's Bureau reports that more copies are now available and may be secured through regular Japanese channels.

Public Assistance Statistics - May

The Ministry of Welfare has submitted the following statistics for May: Figures for April 1948 and for May 1947 are for purposes of comparison:

	<u>May 1948</u>	<u>April 1948</u>	<u>May 1947</u>
Persons - institutional	136,898	135,944	126,052
Persons - non-institutional	<u>1,911,666</u>	<u>2,013,927</u>	<u>2,637,281</u>
Totals	2,048,564	2,149,871	2,763,333
Assistance-cash*	¥ 377,359,593	366,200,622	208,811,628
Assistance-kind	<u>35,361,528</u>	<u>59,685,650</u>	<u>26,219,215</u>
Totals	¥ 412,721,121	425,886,272	235,030,843

*Before deductions for repayment

PREFECTURAL REPORTS - MAY*

<u>Prefecture</u>	<u>Institutional</u>	<u>Non-institutional</u>	<u>In Kind</u>	<u>Cash</u>
Hokkaido	10,772	59,993	5,476,478	15,924,621
Aomori	1,412	31,138	329,124	5,878,570
Iwato	576	40,552	247,867	6,930,921
Miyagi	1,010	42,330	235,164	5,695,973
Akita	889	48,867	1,107,638	9,374,820
Yamagata	1,478	36,952	47,002	6,783,008
Fukushima	999	53,872	207,503	8,778,272
Ibaraki	749	39,492		5,000,772
Tochigi	769	23,886	229,452	4,661,872
Gumma	3,554	39,880	57,615	7,736,572
Saitama	1,120	42,152	107,571	8,623,878
Chiba	2,331	43,287	2,926,259	6,156,595
Tokyo	17,357	116,195		36,739,476
Kanagawa	4,510	43,399	449,446	11,479,203
Niigata	9,843	62,078	1,038,251	10,303,011
Toyama	1,154	29,008	19,803	5,868,801
Ishikawa	1,050	30,146	39,749	6,751,116
Fukui	568	21,039	229,178	4,415,040
Yamanashi	558	20,059	4,891	3,700,616
Nagano	3,108	47,576	140,362	9,159,488

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PREFECTURAL REPORTS - MAY* (Cont'd)

<u>Prefecture</u>	<u>Institutional</u>	<u>Non-institutional</u>	<u>In Kind</u>	<u>Cash</u>
Gifu	1,750	33,272	456,110	6,007,436
Shizuoka	4,638	46,668	1,415,034	10,414,102
Aichi	7,463	73,797		12,788,988
Mie	950	35,321		7,020,862
Shiga	357	25,318		3,575,654
Kyoto	3,246	53,488	3,396,169	11,274,508
Osaka	9,081	66,039	404,002	18,083,382
Hyogo	6,696	79,715		16,881,704
Nara	681	21,546	591	4,365,749
Wakayama	350	29,273	103,369	6,172,357
Tottori	782	18,021	388,711	3,410,174
Shimane	818	24,379		4,687,711
Okayama	3,050	38,992	710,403	8,351,958
Hiroshima	3,207	50,910	794,233	9,632,984
Yamaguchi	9,042	32,442	60,130	8,775,492
Tokushima	2,115	26,966	50,578	5,034,561
Kagawa	2,041	23,946	893,428	3,770,460
Ehime	726	34,592		7,096,526
Kochi	652	20,604	355,049	4,684,110
Fukuoka	2,125	85,891	7,118,512	8,249,539
Saga	3,092	29,994	3,326,659	4,637,381
Nagasaki	1,384	38,535	43,656	7,986,268
Kumamoto	2,538	39,401	391,762	7,775,445
Oita	2,119	21,736		4,311,270
Miyazaki	1,135	32,962	2,559,779	4,820,731
Kagoshima	3,053	55,957		7,542,154
Total	136,898	1,911,666	35,361,528	377,314,331

*After deductions for repayment

School Lunch Program

A report submitted by the School Lunch Coordinating Committee, which includes representatives from the Ministries of Welfare, Education, Agriculture and Forestry and Transportation, resulted in the issuance of PIMJG (#67), offering no objection to the Committee's report, subject to the following exceptions:

1. The use of the Kodans in the distribution of School Lunch supplies is not to be construed as permitting profits to the benefit of any private individual group or corporation.
2. Prices for foodstuffs, indigenous and imported, for the School Lunch Program must represent the lowest possible figure, consistent with good government and before being officially established for the School Lunch Program, must be approved by the Supreme Commander for the Allied Powers.
3. Sufficient technical supervisory staff must be provided by the Ministry of Education at national, prefectural, and local levels of responsibility to adequately supervise the School Lunch Program to the end that distribution, storage and utilization shall be under control of the government at all times, and that the greatest possible food value is obtained from School Lunch supplies, imported and/or indigenous.
4. In the face of the current critical food supply status that now obtains in Japan, every encouragement is to be given to increase of yield of present school farms' facilities to increase indigenous contribution to the School Lunch Program, consistent with progressive educational techniques and schedules, and in harmony with the Land Reform Program. Attention should be given to the development of school gardens for the School Lunch Program within burned out areas of the urban centers of Japan.

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The above points, reference paragraphs 1 through 4, will serve as an outline of items to be included in the observation of the School Lunch Program by Welfare Officers in cooperation with Education Officers. Deviations from points contained in 1 through 4 should be reported through technical channels. Encouragement in the development of supervisory personnel should be given as well as the development of school gardens wherever practicable in the interest of maximum production for the School Lunch Program.

Dobo Engo Kai (National Relief Association) and Saisei Kai (Medical Relief Association).

Reference: Public Health and Welfare Weekly Bulletin No. 79 (for the period 28 June - 4 July).

An informational communication to all prefectural governors regarding the relationship of Dobo Engo Kai and Saisei Kai to the Community Chest has been issued, Social Affairs Bureau, Ministry of Welfare, Amended Instructions, (Sha-Otsu-Hatsu No. 105, dated 8 July), the content of which is given below for the information of Military Government personnel concerned:

"Subject: Community Chest and the Membership Campaign of Saisei Kai and the National Relief Association.

"It has been decided, as a result of several conferences between the parties concerned, that fund raising by the Saisei Kai (Medical Relief Association), Imperial Gift Foundation, and by the Dobo Engo Kai (National Relief Association) Foundational Juridical Person, should choose either one of the two methods, namely, to join the Community Chest or to conduct a separate membership campaign. We understand that separate instructions to this effect are being sent to the prefectural branches of the two organizations from their respective headquarters.

"The view is held by some that these two organizations should join the Community Chest. However, under different local prefectural circumstances, independent and separate fund raising through membership campaign or other means might be necessary. Such campaigns, however, should avoid conflicting with the nation-wide campaign of the Community Chest and/or the Japanese Red Cross, and any organizations which undertake separate fund or membership campaigns should not be members of the Community Chest. Action described above has been taken in view of some confusion caused by some branches of these organizations being a member in the Community Chest last year and have since or are now conducting or planning to conduct membership and/or fund campaigns of their own, while expecting to also benefit from the Community Chest campaign this Fall.

"This information is being forwarded to you to acquaint you with such possible errors and to assist you in your understanding and relationship with the Community Chest and other fund raising organizations."

Institutions for the Blind

The Diet passed, on 4 July, a bill for the Protection of the Blind. This legislation now transfers the operation of the two existing quasi-governmental institutions, located at Shiobara and Tokyo, from private administration to that of governmental administration.

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SECTION IX

SOCIAL SECURITY DIVISION

General

In further continuation of the outline of current reporting requirements (see Public Health and Welfare Weekly Bulletins Nos. 67, 73, 75-78), annual reports prescribed for the society-managed part of Health Insurance are summarized below:

1. A complete and itemized statement of income and expenditure showing the original estimate, the actual figures, and an explanation of the difference. Benefit costs must be broken down according to classes of benefits paid.

2. A complete and itemized statement of the society's assets as of the end of the fiscal year.

(Both statements are due at the prefectural Insurance Section not later than 31 July).

3. Data for the Calculation of the Subsidy from the National Treasury. This report must contain annual cost of benefits broken down according to classes of benefits offered in the past year and expected to be offered in the coming year. (The estimated subsidy must be calculated on the basis thereon.) The long-term cost, including depreciation, must be pro-rated. Also a statement is required showing the number of insured at the end of each month of the past fiscal year.

(This report is due to be submitted to the Ministry of Welfare via the prefectural Insurance Office not later than 18 April).

Unfortunately, extreme laxity seems to prevail in regard to the first two reports. Sometimes they are submitted with considerable delay, sometimes not at all. Energetic measures to obtain prompt reporting have been requested.

National Health Insurance

The Amendments to the National Health Insurance Law outlined in Public Health and Welfare Weekly Bulletin No. 74 for 24 - 30 May were passed by the Diet and became effective on 1 July. Ordinances designed to implement and insure smooth enforcement of the law as amended are now being cleared by SCAP. Translations of the law as revised are being prepared.

The Social Insurance Medical Fee Payment Fund Law

This Law was passed by the Diet on 3 July to be effective 1 August. The primary purpose of the Law is to provide a system for prompt and appropriate payment of the medical care claims submitted by the purveyors of medical care and allied services under the Health Insurance Law, National Health Insurance Law, Seamen's Insurance Law, and the Mutual Aid Associations Law.

The principal provisions are:

1. The insurer which participates will have on deposit in the Fund an amount sufficient to meet its monthly medical care claims.

2. The Fund will receive all claims for medical care given to the insured under the aforementioned laws by those doctors appointed or designated by agreement as insurance doctors and shall make prompt and appropriate payment of the claims calculated in accordance with the medical care fee schedule determined by the Minister of Welfare.

3. The Fund will provide for the audit and review of all claims subsequent to the initial payment.

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4. The Fund will compile fiscal and statistical reports concerning medical care claims and the cost of medical under the social insurance programs.

5. The central office will be in Tokyo, composed of eight directors and four or more inspectors, and will determine policies and supervision for the efficient operation of the Fund.

6. There will be a branch office in each prefecture with secretaries and inspectors for handling the operation of the Fund at the prefectural level.

7. When necessary, sub-branch offices may be established where it is considered essential for efficient and convenient operation.

8. The branch and sub-branch offices will handle the payment, audit, and review of the medical care claims in their respective areas.

9. The Law provides for representation of the purveyors of medical care and allied services at each level of operation and in the review of medical care claims.

10. The Law does not compel participation in this program on the part of the insurers. All are expected to join in view of the demands of the medical profession for prompt payment of its medical care claims.

Health Insurance Law

The amendments to the Health Insurance Law passed the Diet on 3 July to be effective 1 August. The amendments as proposed by the Insurance Bureau, Ministry of Welfare, were passed without alterations.

While the amendments provide some additions and changes, they were mainly for transferring provisions affecting individuals' rights and privileges from Cabinet Order into Law.

The principal provisions affected by the amendments were as follows:

1. The purpose of the Law in providing protection and the eligibility of dependents has been more fully explained and clarified in Article 1.

2. The ceiling on wages for computing benefits and premiums was increased from ¥ 5100 to ¥ 8100 per month, thus making this law uniform with the other social insurance laws.

3. The premium rate continues to be shared equally by employee and employer; however, the maximum amount an employee can be assessed has been reduced from 3% to 2.5% for society-managed and 2.2% for government-managed, while the employer may increase his share if he so desires.

4. The penalties for delinquency of employers in making premium payments to the insurer has been increased and the procedure for collecting strengthened.

5. The government subsidy for the cost of administration has been permitted to remain an undesignated amount except that it is to be within the limits of the national budget. In the discussion regarding this subject it was the consensus of opinion that the amount should be approximately 10% of benefit costs.

6. The policy stated in the Cabinet Order for coordination with the Mutual Aid Associations and the National Health Insurance Associations was clarified and made a part of the basic law.

7. The classification of those covered as well as those exempted was transferred from Cabinet Order to statute.

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8. The legal basis for the establishment of the Social Insurance Medical Fee Calculating Committee on the national level to advise the Ministry of Welfare in determining an adequate and uniform rate for the payment of medical care was transferred from ordinance to basic Law.

9. The Social Insurance Medical Care Advisory Council was established on the national and prefectural levels to give advice and guidance to doctors participating in the various programs.

10. The participation by the purveyors of medical care has been placed on a voluntary basis.

11. The funeral allowance was increased to a minimum of ¥ 2000 or an amount equal to one month's pay in accordance with the standard monthly remuneration classification.

12. The maternity (delivery) allowance was increased to a minimum of ¥ 1000 or an amount equal to one-half of the standard monthly remuneration of the insured.

13. The confinement allowance was changed to provide 60% of the standard daily remuneration for a maximum of 42 days preceding and 42 days after giving birth to a child when the insured worker is unable to work. If she does not have any dependents, the amount is reduced.

14. The nursing allowance is increased to ¥100 per month for a period of six months following childbirth.

15. The provisions relating to dependents' benefits are transferred from Cabinet Order to basic Law.

Welfare Pension Insurance Law

The Welfare Pension Insurance Law was revised by a bill of amendments enacted by the Diet on 3 July to be effective 1 August. Virtually all provisions of the applicable Cabinet Order were transferred to the basic Law and a number of changes were made with respect to benefits and contribution rates.

Premiums and benefits at present are computed on only such wages as are not in excess of ¥ 600, and family allowances and several other allowances are excluded in the definition of taxable wages. Under the amendments the ceiling on wages for computing benefits and premiums are raised to ¥ 8100, and only allowances paid irregularly and less frequently than every three months are excluded from the computations. For the time being old age benefits, however, will be computed only on wages not in excess of ¥ 300. (Old age pensions are not payable until 1956). The resulting changes in premium rates are as follows:

	<u>Present</u>	<u>Proposed</u> "Temporary"	"Normal"
Miners	12.582%	3.5%	12.3%
Other men	9.395%	3.0%	9.4%
Women	6.796%	3.0%	5.5%

At present, an average is taken of the wages of all employees paid by the day, hour, output, or on contract, doing the same work for a given employer, in order to arrive at the "standard remuneration" for any one of such workers. It is provided to recognize the actual earnings of the individual worker in these cases.

Invalidity and survivors' pensions arising from occupational injury or illness and payable to persons who became entitled prior to enactment of the Workmen's Accident Compensation Insurance Law are increased by five times the

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present amount. This additional amount will be paid entirely from contributions and will not be subsidized by the usual 10% of government funds.

Retirement allowances are now paid immediately upon leaving employment when a worker has been insured for six months or more. Under the amendments this allowance will be paid only to workers of age 50 or more who have been insured at least five years, provided that the allowance will be paid regardless of age to a worker (or his heir) who has been insured for six months when retirement is due to death or, in the case of a woman, to marriage or confinement. However, the allowance will not be paid during such time as the insured person may be eligible for unemployment insurance benefits or sickness and injury allowance.

Survivors' pensions now are payable only if the insured worker has been in covered employment for a period of 20 years. Pensions will now be granted to the surviving spouse and children of workers in covered employment for six months. The spouse's pension will be payable only when the widow is age 50, the widower is age 55, the widow has custody of surviving children, or the spouse is disabled.

At present a surviving spouse does not have to prove he or she was supported by the insured worker at the time of his death. A surviving widower, in order to qualify for benefits, must be age 60 or disabled. The amendment provides that a surviving spouse, as well as other survivors, must prove support by the deceased worker, but no age requirement will exist for either widows or widowers.

Marriage terminates benefits for only the surviving spouse under the present law. It is now provided that marriage of any survivor will terminate his benefits.

If a survivor of preferred status appears after benefits have been awarded a survivor of lesser priority, he cannot receive benefits until the current payee becomes disqualified. This has been changed to permit the survivor of senior rank to take over the payments immediately.

Delinquent employers now are assessed ¥ 4 per ¥ 100 for each day of delinquency in reporting and are charged ¥ 3 for the sending of the delinquency notice. The ¥ 4 is changed to ¥ 5 and the ¥ 3 to ¥ 10.

The employer is not obliged to notify a worker of the specific amount deducted from his wages for contributions. The amendment imposes this requirement.

Seamen's Insurance Law

The Seamen's Insurance Law was revised in almost exactly the same manner as the Welfare Pension Insurance Law and the Health Insurance Law through legislation passed by the Diet on 3 July to be effective 1 September. Here, too, the contents of the pertinent Cabinet Order were transferred to the basic Law.

The definition of taxable wages is amended to consist of the basic wage plus all allowances except those paid irregularly and less frequently than every three months. This conforms to the revision of the corresponding provision in the Welfare Pension Insurance Law. For the time being, old age benefits (the first of which will not be payable for several years) will be computed only on wages not in excess of ¥ 500, whereas other benefits and contributions will be computed on all wages not in excess of ¥ 8,000. The changes in premium rates resulting from this and other factors noted below are as follows:

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	<u>Present</u>	<u>Temporary</u>	<u>Normal</u>
A. Includes medical care, unemployment insurance, old-age pension, invalidity, retirement, survivors, and funeral benefits.			
Seamen	7.9%	4.0%	8.1%
Shipowners	11.3%	7.5%	11.5%
Total	19.2%	11.5%	19.6%
B. Excludes unemployment insurance.			
Seamen	6.8%	2.9%	7.0%
Shipowners	10.2%	6.4%	10.4%
Total	17.0%	9.3%	17.4%
C. Voluntary - includes only old-age pension, retirement and funeral benefits.			
Seamen	12.2%	10.0%	10.0%

Invalidity and survivors' pensions arising from occupational injury or illness and payable to persons who became entitled prior to enactment of the 1947 amendments (comparable to the Workmen's Accident Compensation Insurance Law) are increased by five times the present amount. Government funds bear the total expense of occupational invalidity and survivors' benefits (one-fifth of other types of benefits), and the total cost of the increased pensions.

Medical and funeral benefits have been limited to the insured seaman himself, but the amendments provide that one-half of medical expenses, and funeral benefits equal to one month's average standard remuneration, will be paid on behalf of the seaman's dependents.

Survivors' pensions now are payable only if the insured worker had been in covered employment for a period of 15 years. Pensions will now be provided for the surviving spouse and children of workers who have been in covered employment for six months. The spouse's pension will be payable only when, at the time of the seaman's death, the widow is age 50, the widower is age 55, the widow has custody of surviving children, or the spouse is disabled.

A recipient of an invalidity pension now receives nothing additional to provide for a dependent spouse or child, but the amendments provide that, for the more seriously disabled pensioners, £ 200 additional will be paid each month for the spouse and for each child.

Retirement allowances are now paid immediately upon leaving employment when a seaman has been insured for six months or more. Under the amendments this allowance will be paid only to workers of age 50 or more who have been insured at least three years; provided that the allowance will be paid regardless of age to a worker (or his heir) who has been insured for six months when retirement is due to death or, in the case of a woman, to marriage or confinement. However, the allowance will not be paid during such time as the insured person may be eligible for unemployment insurance benefits or sickness and injury allowance.

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Unemployment Insurance benefit rates were revised to conform to the changed schedule for land workers.

At present a surviving spouse does not have to prove he or she was supported by the insured seaman at the time of his death. A surviving widower, in order to qualify for benefits, must be age 60 or disabled. The amendment provides that a surviving spouse, as well as other survivors, must prove support by the deceased worker, but no age requirement will exist for either widows or widowers.

Marriage terminates benefits for only the surviving spouse under the present law and adoption has this effect for only children. It is now provided that marriage or adoption of any survivor will terminate his benefits.

If a survivor of preferred status appears after benefits have been awarded a survivor of lesser priority, he cannot receive benefits until the current payee becomes disqualified. This has been changed to permit the survivor of senior rank to take over the payment immediately.

Delinquent employers now are assessed ¥ 4 per ¥ 100 for each day of delinquency in reporting and are charged ¥ 3 for the sending of the delinquency notice. The ¥ 4 will be changed to ¥ 5 and the ¥ 3 to ¥ 10.

The procedure for selecting insurance doctors will be revised to conform to the procedure under Health Insurance.

Government Pension System

The "Pension Law" (Law No. 48 of 1923), applicable to government employees classed as having "career status", was revised by Diet action of 4 July, the amendments being effective as of 1 July. The primary purpose of the legislation was to transfer, without change, to the basic Law substantive provisions of the program now contained in Cabinet Order and Ministerial Ordinances. In addition, a few modifications were introduced.

Provision is made to recognize the National Public Service Law (Law No. 120 of 1947) as controlling in the event of any conflict between the provisions of that Law and the Pension Law.

Articles not in conformance with the revised Civil and Criminal Codes and the new police reorganization law were revised accordingly.

Law No. 77 of 1947 amended the Pension Law to continue pension rights for government employees whose positions are within the scope of the Local Autonomy Law, but only if the employee continues in the same position. The current amendment extends this provision to employees of the newly created Health Centers in view of the urgency of such employees' consenting to being transferred to this new program.

Law No. 36 of 1946, was passed as companion legislation to the Pension Law. It provided for a scale of benefits under the Pension Law to maintain the level existing prior to the increased salary schedule of 1946. On 5 July the Diet enacted legislation, "Provisional Regulations regarding Special Cases of the Government Pension Law", superseding Law No. 36 of 1946 and providing as follows:

1. Effective 1 July, benefits for employees becoming eligible on or after that date will be computed upon the basis of actual wages.
2. Effective 1 October, pensions in payment status prior to 1 July will thereafter be computed on the new ¥ 3700 salary schedule.

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It is noted in connection with this legislation that no action has been taken with respect to pensions being paid by reason of military service. SCAPIN No. 368 24 November 1945 provides that such pensions may be paid only as "compensation for physical disability, limiting the recipient's ability to work, at rates which are no higher than the lowest of those for comparable physical disability arising from non-military causes". With the increase of invalidity pensions under the Pension Law and the Welfare Pension Insurance Law, it may be that some increase may be effected for invalidity pensions based on military service. This would involve revision of Cabinet Order No. 68 of 1 February 1946 (a "Potsdam Declaration Order") and the matter is now being considered by the Pension Bureau.

SECTION X

MEMORANDA TO JAPANESE GOVERNMENT

None.

Crawford F. Sams

CRAWFORD F. SAMs
Brigadier General, Medical Corps
Chief

- 3 Incls: 1. Translation of a Pamphlet issued by the Children's Bureau entitled "What is Child Welfare Law",
2. Weekly Report of cases and deaths from Communicable and Venereal Diseases in Japan, period ending 3 July 1948.
3. Monthly Report of Cases and Case Rates of Communicable and Venereal Diseases in Japan, 4 Week Period ending 26 June 1948.

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Inclosure No. 1 missing

DIGEST OF WEEKLY REPORT OF COMMUNICABLE DISEASES
IN JAPAN FOR THE WEEK ENDED 3 JULY 1948

During the twenty-seventh week ended 3 July 1948 there were reported 12,578 cases of communicable disease compared with 13,218 cases in the preceding week. Only Fukui Prefecture failed to submit a report this week. It should be noted that this was the week in which the destructive earthquake occurred in Fukui and it was impossible for the health authorities to compile the regular statistical report at this time.

The number of tuberculosis cases this (7,353) was 8 percent less than previously (7,971). It was 12 percent below the number (8,377) reported in the twenty-seventh week of 1947. The current and cumulative case rates per 100,000 population per annum were 492.3 and 468.1 respectively.

Measles decreased for the third consecutive week. The current number of cases (1,299) was 21 percent less than the figure (1,645) reported last week. In the twenty-seventh week of 1947 there were more than six times as many cases (7,975). The current and cumulative case rates were 87.0 and 97.3 respectively.

Pneumonia continued its steady downward trend. Cases fell 12 percent from 1,204 last week to 1,063 currently. This was less than 30 percent of the number (3,633) in the corresponding week of 1947. The current case rate (71.2) was approximately one third the cumulative rate (214.7).

Whooping cough cases (1,570) were 30 percent higher than in the preceding week (1,210). The current number, however, continued to be about one fourth the number (5,504) in the corresponding period of 1947. The current and cumulative case rates were 105.1 and 59.8 respectively.

There were 17 cases of influenza this week compared with 28 previously. In the same week of 1947 there were 6 times as many cases (105). The current and cumulative case rates were 1.1 and 5.6 respectively.

Diphtheria continued to decline. Cases this week (160) were 22 percent less than in the preceding week (205) and deaths (10) were also fewer than previously (13). Current cases were approximately one third the number (465) in the twenty-seventh week of 1947 and about one fourth the figure (605) for the corresponding period of 1946. Eleven prefectures reported no cases of diphtheria this week while the number ranged from 1 to 16 in the remaining prefectures. The current and cumulative case rates for all Japan were 10.7 and 23.0 respectively. Corresponding death rates were 0.7 and 2.1.

There was a 30 percent increase in dysentery cases, from 392 to 512 this week. Deaths increased from 63 to 99. Current cases were less than two thirds of the number (780) in the same week of 1947 and only one third of the figure (1,511) for the corresponding period of 1946. Increases were recorded currently in 28 prefectures. The largest numeric increases were in Tokyo where cases increased from 33 to 77 and in Hokkaido where cases rose from 65 to 84. The current and cumulative case rates for all Japan were 34.3 and 7.7 respectively. Corresponding death rates were 6.6 and 1.6.

Typhoid fever continued its upward trend. Cases this week (224) were 6 percent higher than last week (212). Deaths increased from 18 to 25. The number of cases was little more than half the total (404) in the twenty-seventh week of 1947 and slightly more than one fourth the number (825) in the same week of 1946. Increases were recorded currently in 17 prefectures. Eight prefectures, on the other hand, reported they had no cases. The current and cumulative case rates were 15.0 and 9.2 respectively. Corresponding death rates were 1.7 and 1.1.

There was a 10 percent reduction in paratyphoid fever cases, from 76 to 69 currently, while death (3) remained the same. The number of cases this week was only half the total (136) reported in the corresponding week of 1947 and somewhat more than a fourth of the figure (237) in the twenty-seventh week of 1946. There were currently from 1 to 14 cases in 27 prefectures. The current and cumulative case rates were 4.6 and 3.1 respectively. Corresponding death rates were 0.2 and 0.1.

No cases of smallpox have been reported for 4 weeks and no deaths have been reported this year. In the twenty-seventh weeks of 1947 and 1946 there were 1 and 49 cases respectively. Thus far this year there have been 19 cases; the cumulative case rate as of 3 July was less than 0.1.

This week there were 2 cases of typhus fever and 1 death compared with 5 cases and no deaths in the preceding week. There were 16 cases in the corresponding week of 1947 and 220 in the same week of 1946. The current and cumulative case rates were 0.1 and 1.1 respectively. Both the current and cumulative death rates were 0.1.

There was a 7 percent increase in the number of cases of malaria, from 192 previously to 206 currently. One death was reported this week compared with none previously. The current cases were 46 percent less than in the corresponding week of 1947 (379) and 86 percent less than in the same period of 1946 (1,495). Currently, Shiga Prefecture accounted for more than 70 percent (149) of all cases. Twenty-nine additional prefectures reported from 1 to 5 cases each. The current and cumulative case rates for all Japan were 13.8 and 5.7 respectively. The current death rate was 0.1 and the cumulative rate was less than 0.1.

Scarlet fever cases increased 42 percent. There were 75 cases and 1 death this week compared with 53 cases and no deaths last week. This current number of cases was considerably higher than in the corresponding weeks of 1947 and 1946 when there were 50 and 39 cases respectively. Twenty-one prefectures reported from 1 to 16 cases each this week. There were increases of 1 to 9 cases in 14 of these prefectures. The current and cumulative case rates were 5.0 and 3.8 respectively. The current death rate was 0.1 and the cumulative rate was less than 0.1.

Epidemic meningitis (28 cases and 8 deaths) remained about the same as last week (25 cases and 8 deaths). Cases were 40 percent below the number (47) in the twenty-seventh week of 1947 but more than double the figure (13) for the corresponding period of 1946. From 1 to 4 cases were reported in 17 prefectures currently. The current and cumulative case rates were 1.9 and 3.0 respectively. Corresponding death rates were 0.5 and 0.7.

No cases of suspect Japanese B. Encephalitis have been reported for 10 weeks and no deaths have been reported this year. There were 2 cases in the twenty-seventh week of 1947 and 5 cases in the corresponding period of 1946. Since only one case has been reported this year, the cumulative case rate remained less than 0.1.

There continued to be no cholera or plague.

The current and cumulative number of cases of syphilis were 4,227 and 122,333 respectively; for gonorrhea, 4,059 and 130,370; for chancroid, 520 and 22,767. Increases over the previous week were recorded for all three venereal diseases. The current number of syphilis cases was 15 percent higher than in the preceding week; gonorrhea and chancroid cases increased 10 percent. Current syphilis cases were 30 percent greater than in the corresponding week of 1947 (3,231). Gonorrhea and chancroid cases, however, were less than in the twenty-seventh week of 1947 when there were reported 4,523 cases of gonorrhea and 767 cases of chancroid. The current and cumulative case rates for each of these diseases were: syphilis, 283.0 and 303.4 respectively; gonorrhea, 271.8 and 323.3; chancroid, 34.8 and 56.5.

SUMMARY REPORT OF CASES AND DEATHS FROM
COMMUNICABLE DISEASES IN JAPAN

Week Ended 3 July 1948

PREFECTURE	DIPHTHERIA				DYSENTERY			
	Current		Cumulative		Current		Cumulative	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
HOKKAIDO	16	1	736	99	84	3	243	17
MOORI	4	-	141	7	2	-	12	1
WATE	2	-	192	20	2	-	54	9
MIYAGI	2	-	*260	*18	-	-	*40	4
AKITA	4	-	347	23	3	2	37	10
YAMAGATA	3	-	163	14	5	1	72	6
FUKUSHIMA	3	1	112	9	13	2	56	13
IBARAKI	5	-	187	6	15	6	102	39
TOCHIGI	-	-	206	20	7	3	52	18
GUMMA	2	-	154	28	26	3	104	16
SAITAMA	6	-	226	17	25	10	91	31
CHIBA	-	-	82	5	9	2	58	14
TOKYO	7	-	598	82	77	6	412	75
KANAGAWA	7	4	268	27	15	2	89	23
NIIGATA	6	-	401	35	14	4	162	19
TOYAMA	-	-	57	9	2	1	14	1
ISHIKAWA	-	-	150	13	1	1	9	2
FUKUI	NR	NR	57	7	NR	NR	23	5
YAMANASHI	-	-	44	-	4	1	13	2
NAGANO	2	-	237	11	13	4	137	14
GIFU	1	-	67	8	5	3	35	15
SHIZUOKA	7	1	165	21	13	6	68	24
AICHI	4	1	263	28	23	8	125	35
NIE	5	-	157	15	11	2	34	7
SHIGA	-	-	51	2	3	-	18	5
KYOTO	5	-	148	19	15	6	*91	21
OSAKA	5	-	*167	18	12	3	*115	*23
HYOGO	7	-	266	32	6	2	64	16
NARA	5	-	79	3	-	-	5	1
WAKAYAMA	2	-	66	3	2	1	10	4
TOTTORI	-	-	43	3	2	1	13	6
SHIMANE	5	1	156	15	2	-	15	5
OKAYAMA	3	-	168	18	3	1	17	9
HIROSHIMA	7	-	242	7	8	1	51	14
YAMAGUCHI	-	-	192	5	2	-	23	5
TOKUSHIMA	3	-	72	10	3	-	16	2
KAGAWA	-	-	92	11	-	-	53	* 7
EHIME	2	-	247	29	17	5	83	23
KOCHI	-	-	91	5	2	-	25	6
FUKUOKA	8	-	483	28	15	-	119	21
SAGA	4	-	333	23	13	1	*47	14
NAGASAKI	-	-	*265	*32	8	2	*66	*11
KUMAMOTO	2	-	97	8	12	2	85	24
OITA	3	1	285	34	5	2	28	*23
MIYAZAKI	8	-	217	20	7	1	71	*13
KAGOSHIMA	5	-	241	20	6	1	37	11
TOTAL	160	10	*9271	*867	512	99	*3094	*664
RATE								
Current	10.7	0.7	23.0	2.1	34.3	6.6	7.7	1.6
Previous	13.7	0.9			26.2	4.2		

See footnotes at end of table.

Weekly Report - 3 July 1948
Continued

EFFECTIVE	TYPHOID				PARATYPHOID			
	Current		Cumulative		Current		Cumulative	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
HOKKAIDO	15	2	122	7	3	-	34	2
IOMORI	1	-	36	4	1	-	4	1
IWATE	1	-	21	3	1	-	22	4
IYAGI	-	-	*54	*6	-	1	*38	3
AKITA	-	-	23	3	-	-	3	1
AMAGATA	2	-	42	8	1	-	8	-
FUKUSHIMA	6	1	74	10	8	-	34	2
IBARAKI	3	-	71	11	3	-	31	1
TOCHIGI	6	-	50	7	1	-	22	2
IUMMA	2	-	51	8	2	-	30	-
SAITAMA	5	2	97	17	-	-	23	1
CHIBA	7	-	77	4	1	-	17	-
TOKYO	35	1	608	61	14	-	400	11
KANAGAWA	7	1	191	22	1	-	60	-
NIIGATA	7	-	103	13	2	-	40	1
TOYAMA	11	-	64	7	-	-	10	1
ISHIKAWA	3	1	35	5	-	1	4	1
FUKUI	NR	NR	40	3	NR	NR	9	-
YAMANASHI	-	-	9	-	-	-	9	3
NAGANO	4	-	63	3	1	-	19	1
GIFU	13	3	179	23	2	-	33	3
SHIZUOKA	10	1	144	10	6	-	62	2
AICHI	12	1	137	14	3	-	39	2
MIE	12	-	131	11	5	-	35	2
SHIGA	-	-	14	2	1	-	9	-
KYOTO	6	2	125	14	1	-	43	4
OSAKA	5	3	*148	*44	1	-	*31	-
HYOGO	5	1	153	30	-	-	5	1
NARA	-	-	14	1	1	-	1	-
WAKAYAMA	3	-	75	9	1	-	9	-
TOTTOPI	1	-	30	1	-	-	4	1
SHIMANE	2	-	58	4	-	-	6	-
OKAYAMA	3	1	57	11	-	-	6	-
HIOSHIMA	14	1	107	9	-	-	17	-
YAMAGUCHI	3	-	26	3	-	-	8	1
TOKUSHIMA	2	1	46	7	-	-	4	-
KAGAWA	-	-	29	7	1	1	19	3
EHIME	2	1	58	7	3	-	18	-
KOCHI	2	-	63	9	2	-	21	-
FUKUOKA	6	-	93	8	-	-	22	-
SAGA	3	-	19	1	-	-	6	1
NAGASAKI	-	-	*39	9	2	-	*12	1
KUMAMOTO	1	1	17	3	-	-	9	1
OITA	3	-	72	5	1	-	7	2
MIYAZAKI	1	1	30	3	-	-	8	-
KAGOSHIMA	-	-	6	1	-	-	2	-
TOTAL	224	25	*3701	*448	69	3	*1253	59
RATE								
Current	15.0	1.7	9.2	1.1	4.6	0.2	3.1	0.1
Previous	14.2	1.2			5.1	0.2		

See footnotes at end of table.

Weekly Report - 3 July 1948
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PREFECTURE	SMALLPOX				TYPHUS FEVER			
	Current		Cumulative		Current		Cumulative	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
HOKKAIDO	-	-	6	-	-	-	18	3
AKITORI	-	-	-	-	-	-	18	1
IWATE	-	-	-	-	-	-	7	1
MIYAGI	-	-	-	-	-	-	4	-
AKITA	-	-	-	-	-	-	5	-
YAMAGATA	-	-	-	-	-	-	4	1
FUKUSHIMA	-	-	-	-	-	-	4	-
IBARA	-	-	1	-	-	-	5	1
TOCHIGI	-	-	-	-	-	-	-	-
GUMMA	-	-	-	-	-	-	-	-
SAITAMA	-	-	-	-	-	1	8	1
CHIBA	-	-	2	-	-	-	6	-
TOKYO	-	-	1	-	-	-	40	3
KANAGAWA	-	-	-	-	1	-	32	2
NIIGATA	-	-	-	-	-	-	2	-
TOYAMA	-	-	-	-	-	-	6	1
ISHIKAWA	-	-	-	-	-	-	1	-
FUKUI	NR	NR	-	-	NR	NR	-	-
YAMANASHI	-	-	-	-	-	-	-	-
NAGANO	-	-	-	-	-	-	1	-
GIFU	-	-	1	-	-	-	30	2
SHIZUOKA	-	-	-	-	-	-	-	-
AICHI	-	-	-	-	-	-	2	-
MIE	-	-	-	-	-	-	-	-
SHIGA	-	-	-	-	-	-	1	-
KYOTO	-	-	1	-	-	-	37	1
OSAKA	-	-	-	-	-	-	140	9
HYOGO	-	-	-	-	-	-	2	1
FARA	-	-	-	-	-	-	5	-
WAKAYAMA	-	-	1	-	-	-	-	-
TOTTORI	-	-	-	-	-	-	-	-
SHIMANE	-	-	1	-	-	-	11	1
OKAYAMA	-	-	1	-	-	-	-	-
HIROSHIMA	-	-	1	-	-	-	11	1
YAMAGUCHI	-	-	-	-	-	-	1	-
TOKUSHIMA	-	-	1	-	-	-	-	-
KAGAWA	-	-	-	-	1	-	7	-
EHIME	-	-	-	-	-	-	-	-
KOCHI	-	-	-	-	-	-	-	-
FUKUOKA	-	-	1	-	-	-	4	1
SAGA	-	-	1	-	-	-	-	-
NAGASAKI	-	-	-	-	-	-	15	2
KUMAMOTO	-	-	-	-	-	-	3	-
OITA	-	-	-	-	-	-	-	-
MIYAZAKI	-	-	-	-	-	-	-	-
KAGOSHIMA	-	-	-	-	-	-	-	-
TOTAL	-	-	19	-	2	1	430	32
RATE								
Current	-	-	0.0	-	0.1	0.1	1.1	0.1
Previous	-	-			0.3	-		

See footnotes at end of table.

Weekly Report - 3 July 1948.
Continued

PREFECTURE	MALARIA				CHOLERA			
	Current		Cumulative		Current		Cumulative	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
HOKKAIDO	3	-	60	-	-	-	-	-
TOHOKU	1	-	16	-	-	-	-	-
IWATE	2	-	24	1	-	-	-	-
MIYAGI	1	-	*15	-	-	-	-	-
AKITA	-	-	16	-	-	-	-	-
YAMAGATA	-	-	10	-	-	-	-	-
FUKUSHIMA	-	-	18	-	-	-	-	-
IBARAKI	-	-	30	-	-	-	-	-
TOCHIGI	2	-	23	-	-	-	-	-
GUMMA	-	-	10	-	-	-	-	-
SAITAMA	1	-	15	-	-	-	-	-
CHIBA	2	-	16	-	-	-	-	-
TOKYO	5	-	152	2	-	-	-	-
KANAGAWA	1	1	61	1	-	-	-	-
NIIGATA	-	-	*54	-	-	-	-	-
TOYAMA	1	-	25	-	-	-	-	-
ISHIKAWA	2	-	20	2	-	-	-	-
FUKUI	NR	NR	19	1	NR	NR	-	-
YAMANASHI	-	-	11	-	-	-	-	-
NAAGANO	-	-	5	-	-	-	-	-
GIFU	2	-	24	-	-	-	-	-
SHIZUOKA	1	-	29	-	-	-	-	-
AICHI	2	-	23	-	-	-	-	-
NAIJE	4	-	42	-	-	-	-	-
SHIGA	149	-	785	-	-	-	-	-
KYOTO	1	-	24	-	-	-	-	-
OSAKA	1	-	40	-	-	-	-	-
HYOGO	1	-	32	-	-	-	-	-
NARA	-	-	17	-	-	-	-	-
WAKAYAMA	1	-	13	-	-	-	-	-
TOTTORI	2	-	31	1	-	-	-	-
SHIMANE	1	-	19	-	-	-	-	-
OKAYAMA	-	-	25	-	-	-	-	-
HIROSHIMA	-	-	56	-	-	-	-	-
YAMAGUCHI	2	-	30	-	-	-	-	-
TOKUSHIMA	-	-	13	-	-	-	-	-
KAGAWA	-	-	17	1	-	-	-	-
EHIME	5	-	70	4	-	-	-	-
KOCHI	-	-	17	-	-	-	-	-
FUKUOKA	1	-	145	-	-	-	-	-
SAGA	3	-	23	-	-	-	-	-
NAAGASAKI	1	-	36	-	-	-	-	-
KUMMOTO	5	-	38	3	-	-	-	-
OITA	1	-	39	-	-	-	-	-
MIYAZAKI	-	-	8	-	-	-	-	-
KAGOSHIMA	2	-	98	-	-	-	-	-
TOTAL	206	1	*2294	16	-	-	-	-
RATE								
Current	13.8	0.1	5.7	0.0	-	-	-	-
Previous	12.9	-			-	-		

See footnotes at end of table.

PREFECTURE	SCARLET FEVER				EPIDEMIC MENINGITIS				JAP. B. ENCEPHALITIS (SUSPECTS)			
	Current		Cumulative		Current		Cumulative		Current		Cumulative	
	(C)	(D)	(C)	(D)	(C)	(D)	(C)	(D)	(C)	(D)	(C)	(D)
HOKKAIDO	6	1	307	2	2	1	126	25	-	-	-	-
AOMORI	-	-	6	-	-	-	26	4	-	-	-	-
IWATE	-	-	11	1	-	1	12	1	-	-	-	-
MIYAGI	2	-	*32	1	2	-	*56	7	-	-	-	-
AKITA	-	-	11	-	-	-	40	8	-	-	1	-
IIMAGATA	-	-	14	-	1	-	27	9	-	-	-	-
FUKUSHIMA	2	-	16	-	1	-	59	14	-	-	-	-
IBARA-KI	2	-	34	-	2	-	52	11	-	-	-	-
TOCHIGI	4	-	29	-	-	-	6	1	-	-	-	-
GUMMA	8	-	60	1	-	-	17	5	-	-	-	-
SAITAMA	6	-	57	-	-	-	19	7	-	-	-	-
CHIBA	-	-	8	-	-	-	15	2	-	-	-	-
TOKYO	16	-	283	4	4	1	266	74	-	-	-	-
KANAGAWA	-	-	55	2	-	-	67	14	-	-	-	-
NIIGATA	-	-	12	1	-	-	20	7	-	-	-	-
TOYAMA	1	-	5	-	-	-	13	5	-	-	-	-
ISHIKAWA	1	-	2	-	-	-	5	2	-	-	-	-
FUKUI	NR	NR	2	-	NR	NR	7	2	NR	NR	-	-
YAMANASHI	-	-	*30	-	-	-	*10	1	-	-	-	-
NAAGANO	1	-	55	-	2	2	24	5	-	-	-	-
GIFU	7	-	38	-	1	-	6	-	-	-	-	-
SHIZUOKA	1	-	32	3	-	-	32	6	-	-	-	-
AICHI	6	-	86	-	1	-	17	3	-	-	-	-
MIE	-	-	28	1	-	-	8	-	-	-	-	-
SHIGA	3	-	25	-	2	1	4	2	-	-	-	-
KIOTO	1	-	55	-	1	-	31	13	-	-	-	-
OSAKA	2	-	*57	-	2	-	*53	*10	-	-	-	-
HYOGO	2	-	23	1	1	-	22	9	-	-	-	-
NARA	-	-	4	-	-	-	7	2	-	-	-	-
WAKAYAMA	-	-	5	1	-	-	7	1	-	-	-	-
TOTTORI	-	-	3	-	-	-	16	6	-	-	-	-
SHIMANE	1	-	12	-	-	-	7	4	-	-	-	-
OKAYAMA	-	-	21	-	1	-	7	3	-	-	-	-
HIROSHIMA	-	-	14	-	1	-	15	3	-	-	-	-
YAMAGUCHI	-	-	10	-	-	-	11	1	-	-	-	-
TOKUSHIMA	-	-	2	-	-	-	3	1	-	-	-	-
KAGAWA	-	-	20	-	1	-	6	-	-	-	-	-
EHIME	2	-	17	-	-	-	12	5	-	-	-	-
KOCHI	-	-	8	-	-	-	4	1	-	-	-	-
FUKUOKA	-	-	19	1	-	-	27	6	-	-	-	-
SAGA	-	-	3	-	-	-	3	-	-	-	-	-
NAGASAKI	1	-	13	-	3	2	15	6	-	-	-	-
KUMMOTO	-	-	1	-	-	-	10	6	-	-	-	-
OITA	-	-	8	-	-	-	3	-	-	-	-	-
MIZUZAKI	-	-	2	-	-	-	3	1	-	-	-	-
KAGOSHIMA	-	-	6	-	-	-	16	7	-	-	-	-
TOTAL	75	1	*1541	19	28	8	*1212	*300	-	-	1	-
RATE												
Current	5.0	0.1	3.8	0.0	1.9	0.5	3.0	0.7	-	-	0.0	-
Previous	3.5	-			1.7	0.5			-	-		

See footnotes at end of table.

Weekly Report - 3 July 1948
Continued

PREFECTURE	MEASLES		WHOOPIING COUGH		TUBERCULOSIS	
	Current Cases	Cumulative Cases	Current Cases	Cumulative Cases	Current Cases	Cumulative Cases
HOKKAIDO	102	1180	137	1572	630	15299
MOORI	13	279	16	285	98	2975
WATE	34	797	16	389	185	5055
MIYAGI	12	*835	26	*614	128	*4032
AKITA	5	184	11	391	153	3417
YAMAGATA	25	258	35	276	81	2498
FUKUSHIMA	11	435	21	408	135	3878
IBARA	24	530	12	323	74	2433
TOCHIGI	4	223	28	615	113	2408
GUMMA	6	277	56	736	74	2163
SAITAMA	5	58	39	432	127	2863
CHIBA	12	72	13	255	32	2718
TOKYO	49	719	183	1888	1036	21008
KANAGAWA	5	139	46	972	331	7885
NIIGATA	-	*823	4	*1584	27	*5697
TOYAMA	35	688	72	1194	259	4602
ISHIKAWA	35	513	44	656	131	3306
FUKUI	NR	902	NR	318	NR	1205
YAMANASHI	-	32	4	177	27	958
NAAGANO	60	875	74	810	254	4406
GIFU	36	1728	19	320	135	2874
SHIZUOKA	43	794	42	399	168	4376
AICHI	78	848	66	620	309	6767
MIE	15	1128	8	311	109	2020
SHIGA	7	463	31	355	68	1546
KYOTO	38	671	51	*548	272	4585
OSAKA	45	585	30	415	450	9298
HYOGO	82	929	18	226	127	2937
NARA	4	67	3	30	29	1083
WAKAYAMA	40	218	2	121	60	1235
TOTTORI	22	779	-	76	90	2045
SHIMANE	9	270	113	845	129	4159
OKAYAMA	6	2972	-	411	26	2897
HIROSHIMA	100	3874	17	494	143	7350
YAMAGUCHI	6	320	20	191	74	2013
TOKUSHIMA	50	1550	7	106	80	1835
KAGAWA	20	2171	10	162	38	1453
EHIME	68	3829	34	604	179	5138
KOCHI	22	2087	3	167	75	1563
FUKUOKA	61	819	126	1744	326	10738
SAGA	19	221	30	424	70	1898
NAGASAKI	18	489	13	429	190	3666
KUMAMOTO	44	958	26	376	61	2039
OITA	17	500	32	287	107	2554
MIYAZAKI	8	354	12	151	110	2027
KAGOSHIMA	4	810	20	398	33	1855
TOTAL	1299	*39253	1570	*24105	7353	*188757
RATE						
Current	87.0	97.3	105.1	59.8	492.3	468.1
Previous	110.1		81.0		533.7	

See footnotes at end of table.

Weekly Report - 3 July 1948
Continued

PREFECTURE	PNEUMONIA		INFLUENZA	
	Current Cases	Cumulative Cases	Current Cases	Cumulative Cases
HOKKAIDO	86	6105	-	139
AOMORI	29	1468	-	15
IWATE	22	1385	1	18
MIYAGI	24	*1990	-	8
AKITA	15	1331	-	-
YAMAGATA	46	1016	-	9
FUKUSHIMA	24	2525	-	25
IBARAKI	26	2951	-	-
TOCHIGI	15	1662	-	45
GUMMA	20	1827	-	27
SAITAMA	20	1524	-	55
CHIBA	7	909	-	-
TOKYO	78	4578	3	119
KANAGAWA	45	2764	-	63
NIIGATA	6	*3272	-	46
TOYAMA	61	3026	-	29
ISHIKAWA	12	1678	-	75
FUKUI	NR	681	NR	76
YAMANASHI	6	580	-	20
NAGANO	29	2072	2	30
GIFU	30	2007	-	51
SHIZUOKA	27	1993	-	19
AICHI	32	2549	-	66
MIE	12	1547	-	8
SHIGA	3	960	-	112
KYOTO	22	1278	-	111
OSAKA	28	2076	-	73
HYOGO	22	1061	-	7
NARA	3	381	2	5
WAKAYAMA	15	1827	-	61
TOTTORI	13	793	-	12
SHIMANE	12	2438	-	33
OKAYAMA	3	1343	-	40
HIROSHIMA	29	2873	6	241
YAMAGUCHI	6	1063	-	3
TOKUSHIMA	20	1815	-	67
KAGAWA	9	1018	-	10
EHIME	38	4140	1	132
KOCHI	15	1303	-	4
FUKUOKA	62	3564	2	*301
SAGA	19	1624	-	10
NAGASAKI	19	1426	-	2
KUMAMOTO	25	1459	-	26
OKITA	10	866	-	81
MIYAZAKI	12	665	-	-
KAGOSHIMA	6	1157	-	3
TOTAL	1063	*86570	17	*2277
Rate				
Current	71.2	214.7	1.1	5.6
Previous	80.6		1.9	

See footnotes at end of table.

**NUMBER OF CASES AND DEATHS OF COMMUNICABLE DISEASES
FOR COMPARABLE PERIODS, 1946, 1947 and 1948**

Diseases	Week Ended			Cumulative Number for		
	3 July 1948	5 July 1947	6 July 1946	First 27 Weeks		
				1948	1947	1946
Cases						
Diphtheria	160	465	605	9271	17778	28249
Dysentery	512	780	1511	3094	4741	6568
Typhoid	224	404	825	3701	6534	22561
Paratyphoid	69	136	237	1253	1749	3645
Smallpox	-	1	49	19	367	17541
Typhus Fever	2	16	220	430	885	30159
Malaria	206	379	1495	2294	5635	NA
Cholera	-	-	98	-	-	209
Scarlet Fever	75	50	39	1541	1505	1076
Epidemic Meningitis	28	47	13	1212	2485	941
Jap. B Encephalitis (Suspect)	-	2	5	1	4	NA
Plague	-	-	-	-	-	-
Deaths						
Diphtheria	10	28	33	867	1590	2490
Dysentery	99	163	203	664	934	1090
Typhoid	25	44	94	448	810	2783
Paratyphoid	3	5	4	59	95	189
Smallpox	-	1	19	-	37	2665
Typhus Fever	1	3	73	32	74	2704
Malaria	1	-	2	16	14	NA
Cholera	-	-	39	-	-	94
Scarlet Fever	1	-	1	19	35	74
Epidemic Meningitis	8	14	4	300	759	244
Jap. B Encephalitis (Suspect)	-	1	5	-	3	NA
Plague	-	-	-	-	-	-

**CASE AND DEATH RATES OF COMMUNICABLE DISEASES
FOR COMPARABLE PERIODS, 1946, 1947 and 1948**

Diseases	Week Ended			Cumulative Rates		
	3 July 1948	5 July 1947	6 July 1946	for First 27 Weeks		
				1948	1947	1946
Case Rate						
Diphtheria	10.7	31.1	41.9	23.0	44.0	72.5
Dysentery	34.3	52.1	104.6	7.7	11.7	16.8
Typhoid	15.0	27.0	57.1	9.2	16.2	57.9
Paratyphoid	4.6	9.1	16.4	3.1	4.3	9.3
Smallpox	-	0.1	3.4	0.0	0.9	45.0
Typhus Fever	0.1	1.1	15.2	1.1	2.2	77.3
Malaria	13.8	25.3	103.5	5.7	14.0	NA
Cholera	-	-	6.8	-	-	0.5
Scarlet Fever	5.0	3.3	2.7	3.8	3.7	2.8
Epidemic Meningitis	1.9	3.1	0.9	3.0	6.2	2.4
Jap. B Encephalitis (Suspect)	-	0.1	0.3	0.0	0.0	NA
Plague	-	-	-	-	-	-
Death Rate						
Diphtheria	0.7	1.9	2.3	2.1	3.9	6.4
Dysentery	6.6	10.9	14.1	1.6	2.3	2.8
Typhoid	1.7	2.9	6.5	1.1	2.0	7.1
Paratyphoid	0.2	0.3	0.3	0.1	0.2	0.5
Smallpox	-	0.1	1.3	-	0.1	6.8
Typhus Fever	0.1	0.2	5.1	0.1	0.2	6.9
Malaria	0.1	-	0.1	0.0	0.0	NA
Cholera	-	-	2.7	-	-	0.2
Scarlet Fever	0.1	-	0.1	0.0	0.1	0.2
Epidemic Meningitis	0.5	0.9	0.3	0.7	1.9	0.6
Jap. B Encephalitis (Suspect)	-	0.1	0.3	-	0.0	NA
Plague	-	-	-	-	-	-

See footnotes at end of table.

WEEKLY SUMMARY REPORT
OF
VENEREAL DISEASES IN JAPAN

WEEK ENDED 3 JULY 1948

(C) Current cases.
(T) Total cases for year to date

PREFECTURE	CHANCROID		GONORRHEA		SYPHILIS	
	(C)	(T)	(C)	(T)	(C)	(T)
HOKKAIDO	18	591	185	5269	149	3963
AOMORI	5	261	52	1796	49	1137
IWATE	-	62	28	569	23	803
KIYAGI	3	227	24	1259	20	1127
AKITA	2	123	17	1505	25	1566
YAMAGATA	-	36	24	590	48	1246
FUKUSHIMA	7	252	67	1858	38	1499
IBARAKI	16	517	40	2031	42	2082
TOCHIGI	8	214	67	1693	94	2609
GUMMA	5	115	40	1298	78	1465
SAITAMA	3	*211	68	*1212	72	*1239
CHIBA	1	841	51	5297	56	4536
TOKYO	35	1076	325	7185	341	8537
KANAGAWA	38	1165	291	7957	221	5152
NIIGATA	5	320	79	2071	73	2187
TOYAMA	4	181	75	1415	81	1574
ISHIKAWA	-	239	34	1384	41	1209
FUKUI	NR	105	NR	880	NR	932
YAMANASHI	2	88	22	735	78	*617
NAGANO	3	164	73	5077	73	3893
GIFU	11	318	44	1883	35	1150
SHIZUOKA	7	349	102	3180	104	3380
AICHI	43	4490	196	12496	160	10719
MIE	12	367	39	1493	81	2040
SHIGA	7	301	25	774	42	851
KYOTO	14	1064	90	4361	104	4288
OSAKA	30	1066	200	5106	240	6211
HYOGO	54	1582	392	9553	539	12958
NARA	3	375	59	1352	46	1447
WAKAYAMA	12	502	69	2405	37	1686
TOTTORI	3	152	34	1425	50	1255
SHIMANE	-	75	15	554	28	608
OKAYAMA	14	592	123	2510	85	2095
HIROSHIMA	32	700	189	3794	178	2905
YAMAGUCHI	9	498	119	3602	96	2795
FUKUSHIMA	5	135	15	781	18	825
KAGAWA	10	248	30	741	50	961
EHIME	11	210	45	1492	34	1515
KOCHI	11	146	38	*928	32	*722
FUKUOKA	48	1624	286	8460	277	6956
SAGA	7	186	79	2114	62	1579
KAGASAKI	-	*396	44	*3083	105	*2340
KUMAMOTO	9	300	92	2280	66	1982
OITA	4	195	50	1712	30	1267
MIYAZAKI	2	91	48	1112	52	726
KAGOSHIMA	7	*117	74	*2068	75	*1699
TOTAL	520	*22767	4059	*130370	4227	*122333
Rate						
Current	34.8	56.5	271.8	323.3	283.0	303.4
Previous	31.5		246.6		246.9	

See footnotes at end of table.

NUMBER OF CASES AND CASE RATES OF
VENEREAL DISEASES IN JAPAN FOR
COMPARABLE PERIODS, 1946, 1947, AND 1948

DISEASES	Week Ended			Cumulative Number		
	3 July 1948	5 July 1947	6 July 1946	For First 27 Weeks		
				1948	1947	1946
<u>NUMBER</u>						
CHANCROID	520	767	541	22,767	21,619	12,368
GONORRHEA	4,059	4,523	2,587	130,370	105,184	54,251
SYPHILIS	4,227	3,231	1,573	122,333	72,262	30,422
<u>RATES</u>						
CHANCROID	34.8	51.3	37.5	56.5	53.5	31.7
GONORRHEA	271.8	302.4	179.1	323.3	260.4	139.1
SYPHILIS	283.0	216.0	108.9	303.4	178.9	78.0

- Note:
1. There were no cases or deaths reported for plague.
 2. Rates are the number of cases or deaths per 100,000 population, enumerated on 1 October 1947, and are computed on an annual basis.
 3. A dash (-) indicates that no cases or deaths were reported and that the case or death rate was zero.
 4. A rate of 0.0 indicates that there were some cases or deaths but that the rate was less than 0.1.
 5. "NA" indicates data are not available.
 6. "NR" indicates that no report was available.
 7. * Cumulative figures adjusted for delayed and corrected reports.

DIGEST OF MONTHLY REPORT OF COMMUNICABLE DISEASES IN JAPAN
FOR THE FOUR WEEK PERIOD ENDED 26 JUNE 1948

During the four week period ended 26 June 1948, the *12 acute communicable diseases included in this report accounted for 4,203 cases and 442 deaths. Increases over case rates in May were recorded for dysentery, typhoid fever, paratyphoid fever, typhus fever and malaria. Decreases occurred in diphtheria, smallpox, scarlet fever and epidemic meningitis. There was no cholera, Japanese "B" encephalitis or plague. **Rates for all of these diseases were less this month than in June 1947. No cholera or plague was reported in either year.

Diphtheria continued to decline. The case rate fell 23 percent from 20.1 in May to 15.5 in June while the death rate declined from 1.5 to 1.0. This was the lowest case rate ever recorded for June. It was less than half the rate (36.6) in June 1947 and approximately one fourth of that (59.0) in the corresponding period of 1946. Prefectural rates ranged from 3.0 in Shiga to 42.7 in Kagawa. Increases over May were recorded in only nine prefectures--all in southern Japan. Nine prefectural rates were at least one and a half times the national rate. These prefectures were Miyagi and Akita in the north and Shimane, Yamaguchi, Kagawa, Nagasaki, Oita, Miyazaki and Kagoshima in the south. At the other extreme, nine prefectural rates were less than half the national figure. These prefectures were Chiba, Toyama, Ishikawa, Fukui, Yamanashi, Gifu, Shiga, Osaka and Kumamoto.

Dysentery continued its seasonal increase. The June case and death rates (18.6 and 3.9 respectively) were more than double the May case and death rates (8.1 and 1.8 respectively). The current case rate was, however, the lowest recorded for June since 1922 when the rate was 17.1. It was less than two thirds the rate (28.5) in the corresponding period of 1947 and 45 percent of the figure (41.1) for June 1946. Rates among the prefectures varied from zero in Wakayama to 68.5 in Nagano. Increases over May were reported in 37 prefectures. The largest increase was in Nagano Prefecture where cases were especially high from 6 to 19 June. Hokkaido and Kumamoto reported sharp increases in the last week of the month. Rates in seven prefectures were 50 percent or more higher than the national rate. These were in Hokkaido, Ibaraki, Gumma, Nagano, Kagawa, Kumamoto and Miyazaki Prefectures. These seven prefectures together accounted for 35 percent of all cases of dysentery reported during June. Thirteen prefectural rates were less than 50 percent of the average.

The typhoid fever case rate (13.4) was 7 percent higher than previously (12.5). The current death rate was 1.6 compared with 1.4 last month. These were the lowest morbidity and death rates ever recorded for this disease for June. The current case rate was nearly 40 percent less than in June 1947 (21.4) and more than 80 percent below the rate (72.2) for the corresponding period of 1946. Prefectural rates varied from 2.2 in Kumamoto and Kagoshima to 37.6 in Gifu. Thirty prefectures reported increases during the current month. Eight prefectures had rates that were 50 percent or more higher than the national figure and together accounted for more than a third (294) of all cases. These were Tokyo, Fukui, Gifu, Mie, Kyoto, Tottori, Shimane and Kochi. Ten prefectures, mostly in the south, had rates that were less than half the national rate. These were Iwate, Akita, Yamanashi, Nara, Fukuoka, Nagasaki, Kumamoto, Oita, Miyazaki and Kagoshima.

The paratyphoid fever case rate (5.0) was approximately 14 percent higher than in May (4.4) while the death rate (0.2) remained the same. This was the lowest case rate ever recorded for June. It was 25 percent less than in June 1947 (6.7) and 65 percent below the rate (14.2) in the same month of 1946. Six prefectures (Aomori, Nara, Tottori, Shimane, Tokushima and Kochi) reported they had no cases this month. The highest rate (20.7) was in Tokyo--to where more than a fourth (79) of all cases were reported. Six additional prefectures (Iwate, Miyagi, Fukushima, Kanagawa, Fukui and Kyoto) had rates in excess of the national figure by 50 percent or more. Seventeen prefectural rates (including 6 that were zero) were less than half the national average.

There was only one case of smallpox (in Saga Prefecture) during June compared with six in May. No deaths have been reported this year. The

current case rate was less than 0.1 compared with 0.6 in June 1947 and 14.6 in the corresponding period of 1946.

The typhus fever case rate increased from 0.5 in May to 0.9 in June. The death rate was less than 0.1 in both months. In the corresponding period of 1947, the case rate was 2.1 and in June 1946 it was 47.3. Two thirds (36) of the current cases were in Kyoto Prefecture where an outbreak occurred during the week ended 12 June and continued through the week ended 19 June. Eight additional prefectures reported from one to seven cases each and 37 prefectures had no cases during June.

Malaria continued its usual seasonal increase. The current case rate (11.1) was nearly double that for May (5.7) but the death rate (0.1) remained the same. The case rate in June was, however, little more than half the rate (21.0) for the corresponding period of 1947. Nearly 60 percent (384) of all cases were in Shiga Prefecture where a rate of 585.1 was recorded. The second highest rate was 18.7 in Kagoshima. At the other extreme, three prefectures (Saitama, Nara and Kochi) reported they had no cases of malaria.

During 1947 scarlet fever reached a peak in May and declined thereafter until fall. This year the case rate in June (3.8) was 21 percent less than in May (4.8). The death rate was less than 0.1 compared with 0.1 in May. The case rate in June 1947 (4.1) was 8 percent higher than currently but in the same period of 1946 it (3.2) was somewhat lower. Thirteen prefectures reported they had no cases of scarlet fever this month. The highest rate was 13.1 in Saitama Prefecture. Ten prefectures had rates (ranging from 6.1 to 13.1) that were 50 percent or more higher than the national average and together accounted for 71 percent (162) of all cases reported. These were Hokkaido, Gumma, Saitama, Tokyo, Yamanashi, Nagano, Gifu, Mie, Kyoto and Okayama. On the other hand, 26 prefectures had rates (ranging from zero to 1.8) that were less than half the national figure.

Epidemic meningitis continued to decline. The current case and death rates were 2.1 and 0.6 respectively compared with 2.7 and 0.6 in May. The case rate was nearly 50 percent less than in June 1947 (4.0) and 22 percent less than in the corresponding period of 1946 (2.7). Prefectural case rates ranged from zero in nine prefectures to 8.9 in Tottori. Nine prefectures had rates that were 50 percent or more greater than the national rate and accounted for more than half (72) of all cases. Although their rates were higher-than-average, it should be noted that the number of cases in each ranged from only 2 to 20. The prefectures were Hokkaido, Miyagi, Yamagata, Ibaraki, Tokyo, Fukui, Osaka, Tottori and Kagawa. Seventeen prefectural rates were less than half the national rate.

There were no cases of suspect Japanese "B" encephalitis reported in either May or June. Three cases were reported during June 1947.

There continued to be no cholera or plague.

***Five additional communicable diseases accounted for 54,431 cases during June. Data on deaths are not available.

The tuberculosis rate increased approximately five percent, from 558.6 in May to 583.8 currently. This was almost the same as in June 1947 when the rate was 580.2. Prefectural rates ranged from 166.8 in Hyogo to 1146.1 in Tokyo. Six prefectures reported rates in excess of the national figure by 50 percent or more and accounted for one fourth (8,997) of all cases. These were Iwate, Tokyo, Toyama, Ishikawa, Shimane and Hiroshima.

There was a 30 percent decrease in the rate for pneumonia. The current rate was 106.1 compared with 150.8 in May. It was 63 percent less than the rate (289.3) in June 1947. Rates among the prefectures varied from 32.1 in Hyogo to 375.2 in Toyama. Nine prefectures had rates that were 50 percent or more higher than the national average and accounted for approximately one fourth (1,638) of all cases. These were Aomori, Akita, Toyama, Ishikawa, Fukui, Shimane, Hiroshima, Kagawa and Ehime.

The measles case rate in June (133.0) was five percent less than in May (139.4). It was 77 percent below the rate (586.1) in the corresponding period of 1947. Prefectural rates varied from a low of 10.0 in Saitama to a high of 647.8 in Hiroshima. Nearly 40 percent of all cases occurred in seven prefectures where the rates were more than double the national figure. Those were Fukui, Gifu, Okayama, Hiroshima, Tokushima, Kagawa and Ehime. Rates in three additional prefectures (Toyama, Tottori and Kochi) were 50 to 100 percent higher than the average.

Whooping cough continued to increase. The current rate (85.4) was 43 percent higher than in the preceding month (59.6). It was, however, only a fourth of the rate (344.7) in June 1947. Prefectural rates ranged from 10.7 in Tokushima to 265.9 in Niigata. The nine prefectures with rates that were 50 percent or more higher than the national rate accounted for 38 percent of all the cases. These prefectures were Hokkaido, Niigata, Toyama, Ishikawa, Fukui, Shiga, Kyoto, Shimane and Ehime.

The influenza case rate declined 43 percent, from 4.9 to 2.8. This was little more than a third of the rate (7.7) in June last year. Twenty-two prefectures reported no cases this month. Nearly half of all cases were credited to two prefectures (Shiga and Hiroshima) where the rates were 47.2 and 33.1 respectively.

The three venereal diseases accounted for a total of 36,002 cases. There were 16,849 cases of syphilis. The rate (282.0) in June was 13 percent less than in May (322.5) but was 33 percent higher than in June 1947 (211.6). Prefectural rates ranged from 107.1 to 949.6.

A total of 16,826 cases of gonorrhea was reported. The rate declined 18 percent, from 343.8 in May to 281.6 in June. This was seven percent below the rate (303.6) for the corresponding period of 1947. Rates among the prefectures varied from 85.1 to 811.9.

Chancroid accounted for 2,327 cases this month. The case rate (39.0) was 26 percent less than in May (52.5) and 27 percent below the figure (53.6) for June 1947. Prefectural rates varied from 1.0 to 111.7.

* These diseases are diphtheria, dysentery, typhoid fever, paratyphoid fever, smallpox, typhus fever, malaria, cholera, scarlet fever, epidemic meningitis, Japanese "B" encephalitis and plague.

** In making comparisons with other months, it should be noted that June 1947 and June 1948 included four week periods whereas May 1948 included five weeks. It should be noted further that the population in 1947 was less than in 1948. For these reasons, comparisons should be based upon rates rather than upon numbers of cases or deaths.

*** These diseases are tuberculosis, pneumonia, measles, whooping cough and influenza.

SUMMARY REPORT OF CASES AND DEATHS FROM
COMMUNICABLE DISEASES IN JAPAN

4 Week Period Ended 26 June 1948

N - Number

R - Rate

PREFECTURE	DIPHTHERIA				DYSENTERY			
	Cases (N)	(R)	Deaths (N)	(R)	Cases (N)	(R)	Deaths (N)	(R)
HOKKAIDO	65	22.1	9	3.1	85	28.8	2	0.7
AKOMORI	13	14.4	-	-	5	5.5	1	1.1
IWATE	14	14.5	2	2.1	20	20.7	3	3.1
MIYAGI	36	30.1	3	2.5	11	9.2	2	1.7
AKITA	27	28.1	2	2.1	11	11.4	2	2.1
YAMAGATA	20	19.6	2	2.0	11	10.8	2	2.0
FUKUSHIMA	13	8.5	1	0.7	21	13.8	5	3.3
IBARAKI	16	10.4	1	0.6	58	37.7	21	13.6
TOCHIGI	14	11.9	1	0.9	22	18.7	3	2.6
GUUMA	10	8.3	-	-	36	29.9	5	4.2
SAITAMA	24	14.9	1	0.6	30	18.7	11	6.8
CHIBA	10	6.2	-	-	12	7.4	3	1.9
TOKYO	59	15.4	2	0.5	98	25.6	10	2.6
KANAGAWA	33	19.5	-	-	22	13.0	4	2.4
NIIGATA	28	15.1	2	1.1	21	11.4	8	4.3
TOYAMA	5	6.7	1	1.3	1	1.3	-	-
ISHIKAWA	5	7.0	-	-	2	2.8	-	-
FUKUI	4	7.2	1	1.8	4	7.2	2	3.6
YAMANASHI	4	6.5	-	-	3	4.9	1	1.6
NAAGANO	23	14.6	1	0.6	108	68.5	7	4.4
GIFU	8	7.0	-	-	15	13.1	9	7.9
SHIZUOKA	23	12.8	-	-	23	12.8	7	3.9
AICHI	27	11.3	1	0.4	49	20.5	13	5.4
MIIE	15	13.8	2	1.8	11	10.2	4	3.7
SHIGA	2	3.0	-	-	9	13.7	4	6.1
KYOTO	21	15.8	3	2.3	36	27.1	5	3.8
OSAKA	15	5.9	-	-	50	19.6	11	4.3
HYOGO	29	12.4	4	1.7	17	7.3	8	3.4
NARA	11	18.4	1	1.7	3	5.0	1	1.7
WAKAYAMA	6	8.2	-	-	-	-	-	-
TOTTOFI	5	11.1	-	-	2	4.4	-	-
SHIMANE	20	29.2	2	2.9	9	13.2	2	2.9
OKAYAMA	22	17.8	3	2.4	7	5.6	6	4.8
HIOOSHIMA	14	9.1	1	0.6	15	9.7	9	5.8
YAMAGUCHI	28	24.7	-	-	10	8.8	2	1.8
TOKUSHIMA	9	13.8	2	3.1	7	10.7	-	-
KAGAWA	30	42.7	-	-	34	48.4	3	4.3
EHIME	19	17.1	1	0.9	30	27.0	7	6.3
KOCHI	10	15.4	-	-	12	18.5	4	6.2
FUKUOKA	49	20.2	1	0.4	48	19.7	9	3.7
SAGA	13	18.5	1	1.4	18	25.6	5	7.1
NAGASAKI	34	29.0	2	1.7	18	15.4	4	3.4
KUMAMOTO	8	5.9	1	0.7	47	34.8	12	8.9
OTTA	28	29.7	1	1.1	11	11.7	4	4.2
MIYAZAKI	26	33.1	2	2.5	26	33.1	6	7.6
KAGOSHIMA	33	24.7	2	1.5	22	16.5	8	6.0
* JUNE 1948	928	15.5	59	1.0	1110	18.6	235	3.9
**MAY 1948	1504	20.1	109	1.5	607	8.1	131	1.8
* JUNE 1947	2189	36.6	152	2.5	1703	28.5	336	5.6

See footnotes at end of table.

N - Number
R - Rate

PREFECTURE	TYPHOID				PARATYPHOID			
	Cases		Deaths		Cases		Deaths	
	(N)	(R)	(N)	(R)	(N)	(R)	(N)	(R)
HOKKAIDO	34	11.5	1	0.3	10	3.4	1	0.3
AOMORI	8	8.9	-	-	-	-	-	-
IWATE	6	6.2	2	2.1	10	10.4	2	2.1
MIYAGI	13	10.9	2	1.7	14	11.7	2	1.7
AKITA	6	6.2	2	2.1	1	1.0	-	-
YAMAGATA	10	9.8	1	1.0	4	3.9	-	-
FUKUSHIMA	20	13.1	1	0.7	17	11.2	-	-
IBARAKI	16	10.4	1	0.6	10	6.5	-	-
TOCHIGI	15	12.8	3	2.6	5	4.3	1	0.9
GUMMA	9	7.5	-	-	4	3.3	-	-
SAITAMA	21	13.1	5	3.1	8	5.0	-	-
CHIBA	14	8.7	-	-	8	4.9	-	-
TOKYO	115	30.1	16	4.2	79	20.7	3	0.8
KANAGAWA	33	19.5	3	1.8	15	8.8	-	-
NIIGATA	19	10.3	1	0.5	10	5.4	-	-
TOYAMA	13	17.4	-	-	3	4.0	-	-
ISHIKAWA	10	14.1	1	1.4	1	1.4	-	-
FUKUI	13	23.4	2	3.6	5	9.0	-	-
YAMANASHI	3	4.9	-	-	1	1.6	-	-
NAGANO	16	10.2	-	-	3	1.9	1	0.6
GIFU	43	37.6	3	2.6	6	5.3	-	-
SHIZUOKA	32	17.8	2	1.1	12	6.7	1	0.6
AICHI	26	10.9	4	1.7	5	2.1	1	0.4
NAI	33	30.5	2	1.8	3	2.8	-	-
SHIGA	6	9.1	1	1.5	3	4.6	-	-
KYOTO	43	32.3	3	2.3	12	9.0	1	0.8
OSAKA	21	8.2	19	7.4	8	3.1	-	-
HYOGO	21	9.0	5	2.1	3	1.3	-	-
NARA	3	5.0	-	-	-	-	-	-
WAKAYAMA	14	19.1	4	5.4	4	5.4	-	-
TOTTORI	10	22.2	-	-	-	-	-	-
SHIMANE	14	20.5	-	-	-	-	-	-
OKAYAMA	11	8.9	1	0.8	1	0.8	-	-
HIROSHIMA	18	11.7	3	1.9	5	3.2	-	-
YAMAGUCHI	17	15.0	-	-	3	2.7	-	-
TOKUSHIMA	10	15.3	1	1.5	-	-	-	-
KAGAWA	10	1.2	-	-	4	5.7	-	-
EHIME	11	9.9	-	-	4	3.6	-	-
KOCHI	23	35.4	3	4.6	-	-	-	-
FUKUOKA	13	5.3	-	-	3	1.2	-	-
SAGA	9	12.8	1	1.4	4	5.7	-	-
NAGASAKI	4	3.4	-	-	3	2.6	1	0.9
KUMAMOTO	3	2.2	1	0.7	1	0.7	-	-
OITA	4	4.2	1	1.1	1	1.1	-	-
KIYAZAKI	3	3.8	-	-	3	3.8	-	-
KAGOSHIMA	3	2.2	-	-	1	0.7	-	-
* June 1948	799	13.4	95	1.6	297	5.0	14	0.2
** May 1948	932	12.5	104	1.4	326	4.4	17	0.2
* June 1947	1280	21.4	155	2.6	398	6.7	14	0.2

See footnotes at end of table.

Monthly Report - 26 June 1948
Continued

N - Number
R - Rate

PREFECTURE	SMALLPOX				TYPHUS FEVER			
	Cases		Deaths		Cases		Deaths	
	(N)	(R)	(N)	(R)	(N)	(R)	(N)	(R)
HOKKAIDO	-	-	-	-	-	-	-	-
AOMORI	-	-	-	-	-	-	-	-
IWATE	-	-	-	-	-	-	-	-
MIYAGI	-	-	-	-	-	-	-	-
AKITA	-	-	-	-	-	-	-	-
YAMAGATA	-	-	-	-	-	-	-	-
FUKUSHIMA	-	-	-	-	-	-	-	-
IBARAKI	-	-	-	-	1	0.6	-	-
TOCHIGI	-	-	-	-	-	-	-	-
GUMMA	-	-	-	-	-	-	-	-
SAITAMA	-	-	-	-	2	1.2	-	-
CHIBA	-	-	-	-	-	-	-	-
TOKYO	-	-	-	-	1	0.3	-	-
KANAGAWA	-	-	-	-	7	4.1	-	-
NIIGATA	-	-	-	-	-	-	-	-
TOYAMA	-	-	-	-	-	-	-	-
ISHIKAWA	-	-	-	-	-	-	-	-
FUKUI	-	-	-	-	-	-	-	-
YAMANASHI	-	-	-	-	-	-	-	-
NAGANO	-	-	-	-	-	-	-	-
GIFU	-	-	-	-	-	-	-	-
SHIZUOKA	-	-	-	-	-	-	-	-
AICHI	-	-	-	-	-	-	-	-
MIE	-	-	-	-	-	-	-	-
SHIGA	-	-	-	-	-	-	-	-
KYOTO	-	-	-	-	36	27.1	1	0.8
OSAKA	-	-	-	-	2	0.8	-	-
HYOGO	-	-	-	-	-	-	-	-
NARA	-	-	-	-	-	-	-	-
WAKAYAMA	-	-	-	-	-	-	-	-
TOTTORI	-	-	-	-	-	-	-	-
SHIMANE	-	-	-	-	2	2.9	-	-
OKAYAMA	-	-	-	-	-	-	-	-
HIROSHIMA	-	-	-	-	1	0.6	-	-
YAMAGUCHI	-	-	-	-	-	-	-	-
TOKUSHIMA	-	-	-	-	-	-	-	-
KAGAWA	-	-	-	-	1	1.4	-	-
EHIME	-	-	-	-	-	-	-	-
KOCHI	-	-	-	-	-	-	-	-
FUKUOKA	-	-	-	-	-	-	-	-
SAGA	1	1.4	-	-	-	-	-	-
NAGASAKI	-	-	-	-	-	-	-	-
KUMAMOTO	-	-	-	-	-	-	-	-
OITA	-	-	-	-	-	-	-	-
MIYAZAKI	-	-	-	-	-	-	-	-
KAGOSHIMA	-	-	-	-	-	-	-	-
* June 1948	1	0.0	-	-	53	0.9	1	0.0
** May 1948	6	0.1	-	-	41	0.5	1	0.0
* June 47	34	0.6	5	0.1	126	2.1	8	0.1

See footnotes at end of table.

Monthly Report - 26 June 1948
Continued

PREFECTURE	MALARIA				CHOLERA				N-Number
	Cases		Deaths		Cases		Deaths		R-Rate
	(N)	(R)	(N)	(R)	(N)	(R)	(N)	(R)	
HOKKAIDO	15	5.1	-	-	-	-	-	-	-
AOMORI	3	3.3	-	-	-	-	-	-	-
IWATE	2	2.1	-	-	-	-	-	-	-
MIYAGI	4	3.3	-	-	-	-	-	-	-
AKITA	2	2.1	-	-	-	-	-	-	-
YAMAGATA	4	3.9	-	-	-	-	-	-	-
FUKUSHIMA	2	1.3	-	-	-	-	-	-	-
IBARAKI	6	3.9	-	-	-	-	-	-	-
TOCHIGI	4	3.4	-	-	-	-	-	-	-
GUMMA	1	0.8	-	-	-	-	-	-	-
SAITAMA	-	-	-	-	-	-	-	-	-
CHIBA	5	3.1	-	-	-	-	-	-	-
TOKYO	28	7.3	1	0.3	-	-	-	-	-
KANAGAWA	9	5.3	-	-	-	-	-	-	-
NIIGATA	11	5.9	-	-	-	-	-	-	-
TOYAMA	2	2.7	-	-	-	-	-	-	-
ISHIKAWA	1	1.4	-	-	-	-	-	-	-
FUKUI	7	12.6	-	-	-	-	-	-	-
YAMANASHI	4	6.5	-	-	-	-	-	-	-
NAGANO	2	1.3	-	-	-	-	-	-	-
GIFU	4	3.5	-	-	-	-	-	-	-
SHIZUOKA	6	3.3	-	-	-	-	-	-	-
AICHI	5	2.1	-	-	-	-	-	-	-
MIE	13	12.0	-	-	-	-	-	-	-
SHIGA	384	585.1	-	-	-	-	-	-	-
KYOTO	9	6.8	-	-	-	-	-	-	-
OSAKA	7	2.7	-	-	-	-	-	-	-
HYOGO	2	0.9	-	-	-	-	-	-	-
NARA	-	-	-	-	-	-	-	-	-
WAKAYAMA	1	1.4	-	-	-	-	-	-	-
TOTTORI	5	11.1	-	-	-	-	-	-	-
SHIMANE	2	2.9	-	-	-	-	-	-	-
OKAYAMA	6	4.8	-	-	-	-	-	-	-
HIROSHIMA	26	15.9	-	-	-	-	-	-	-
YAMAGUCHI	6	5.3	-	-	-	-	-	-	-
TOKUSHIMA	1	1.5	-	-	-	-	-	-	-
KAGAWA	2	2.8	1	1.4	-	-	-	-	-
EHIME	7	6.3	-	-	-	-	-	-	-
KOCHI	-	-	-	-	-	-	-	-	-
FUKUOKA	17	7.0	-	-	-	-	-	-	-
SAGA	4	5.7	-	-	-	-	-	-	-
NAGASAKI	9	7.7	-	-	-	-	-	-	-
KUMAMOTO	3	2.2	2	1.5	-	-	-	-	-
OITA	4	4.2	-	-	-	-	-	-	-
MIYAZAKI	1	1.3	-	-	-	-	-	-	-
KAGOSHIMA	25	18.7	-	-	-	-	-	-	-
*JUNE 1948	661	11.1	4	0.1	-	-	-	-	-
**MAY 1948	422	5.7	4	0.1	-	-	-	-	-
*JUNE 1947	1257	21.0	1	0.0	-	-	-	-	-

See footnotes at end of table.

PREFECTURE	SCARLET FEVER				EPIDEMIC MENINGITIS				JAP. B. ENCEPHALITIS			
	Cases		Deaths		Cases		Deaths		Cases		Deaths	
	(N)	(R)	(N)	(R)	(N)	(R)	(N)	(R)	(N)	(R)	(N)	(R)
HOKKAIDO	38	12.9	-	-	15	5.1	5	1.7	-	-	-	-
MOORI	-	-	-	-	2	2.2	-	-	-	-	-	-
IWATE	-	-	-	-	1	1.0	-	-	-	-	-	-
IYAGI	4	3.3	-	-	8	6.7	1	0.8	-	-	-	-
AKITA	2	2.1	-	-	3	3.1	-	-	-	-	-	-
YAMAGATA	4	3.9	-	-	4	3.9	1	1.0	-	-	-	-
FUKUSHIMA	3	2.0	-	-	2	1.3	1	0.7	-	-	-	-
IBARAKI	4	2.6	-	-	5	3.2	1	0.6	-	-	-	-
TOCHIGI	5	4.3	-	-	-	-	-	-	-	-	-	-
GUMMA	10	8.3	-	-	2	1.7	1	0.3	-	-	-	-
SAITAMA	21	13.1	-	-	1	0.6	1	0.6	-	-	-	-
CHIBA	-	-	-	-	3	1.9	-	-	-	-	-	-
TOKYO	27	7.1	-	-	20	5.2	5	1.3	-	-	-	-
KANAGAWA	6	3.5	-	-	3	1.8	1	0.6	-	-	-	-
NIIGATA	3	1.6	1	0.5	3	1.6	-	-	-	-	-	-
TOYAMA	-	-	-	-	2	2.7	1	1.3	-	-	-	-
ISHIKAWA	-	-	-	-	1	1.4	-	-	-	-	-	-
FUKUI	1	1.8	-	-	2	3.6	-	-	-	-	-	-
YAMANASHI	8	13.0	-	-	1	1.6	-	-	-	-	-	-
NAGANO	19	12.1	-	-	2	1.3	-	-	-	-	-	-
GIFFU	7	6.1	-	-	-	-	-	-	-	-	-	-
SHIZUOKA	3	1.7	-	-	5	2.8	1	0.6	-	-	-	-
AICHI	5	2.1	-	-	3	1.3	1	0.4	-	-	-	-
MIE	9	8.3	-	-	1	0.9	-	-	-	-	-	-
SHIGA	1	1.5	-	-	-	-	-	-	-	-	-	-
KYOTO	11	8.3	-	-	1	0.8	1	0.8	-	-	-	-
OSAKA	11	4.3	-	-	10	3.9	3	1.2	-	-	-	-
HYOGO	1	0.4	-	-	2	0.9	1	0.4	-	-	-	-
NARA	-	-	-	-	1	1.7	-	-	-	-	-	-
WAKAYAMA	-	-	-	-	1	1.4	-	-	-	-	-	-
TOTTORI	1	2.2	-	-	4	8.9	-	-	-	-	-	-
SHIMANE	1	1.5	-	-	1	1.5	4	5.8	-	-	-	-
OKAYAMA	12	9.7	-	-	1	0.8	1	0.8	-	-	-	-
HIROSHIMA	1	0.6	-	-	4	2.6	1	0.6	-	-	-	-
YAMAGUCHI	1	0.9	-	-	-	-	-	-	-	-	-	-
TOKUSHIMA	-	-	-	-	-	-	-	-	-	-	-	-
KAGAWA	1	1.4	-	-	4	5.7	-	-	-	-	-	-
EHIME	1	0.9	-	-	1	0.9	-	-	-	-	-	-
KOCHI	-	-	-	-	-	-	-	-	-	-	-	-
FUKUOKA	4	1.6	-	-	3	1.2	-	-	-	-	-	-
SAGA	-	-	-	-	-	-	-	-	-	-	-	-
NAGASAKI	2	1.7	-	-	-	-	-	-	-	-	-	-
KUMAMOTO	-	-	-	-	-	-	-	-	-	-	-	-
OITA	-	-	-	-	2	2.1	-	-	-	-	-	-
MIYAZAKI	-	-	-	-	1	1.3	1	1.3	-	-	-	-
KAGOSHIMA	1	0.7	-	-	1	0.7	1	0.7	-	-	-	-
* JUNE 1948	228	3.8	1	0.0	126	2.1	33	0.6	-	-	-	-
* MAY 1948	360	4.8	7	0.1	201	2.7	47	0.6	-	-	-	-
* JUNE 1947	245	4.1	9	0.2	237	4.0	83	1.4	3	0.1	2	0.0

See footnotes at end of table.

Monthly Report - 26 June 1948
Continued

N - Number
R - Rate

PREFECTURE	MEASLES		WHOOPIING COUGH		TUBERCULOSIS	
	Cases		Cases		Cases	
	(N)	(R)	(N)	(R)	(N)	(R)
HOKKAIDO	304	103.1	441	149.6	2465	836.3
AOMORI	69	76.4	41	45.4	567	628.1
IWATE	160	165.8	52	53.9	881	912.9
MIYAGI	200	166.9	142	118.5	729	608.5
AKITA	28	29.1	65	67.6	542	563.4
YAMAGATA	114	111.5	73	71.4	422	412.8
FUKUSHIMA	83	54.5	59	38.7	804	527.5
IBARAKI	124	80.5	44	28.6	378	245.4
TOCHIGI	28	23.9	60	51.1	436	371.5
GUMMA	52	43.2	152	126.3	420	349.1
SAITAMA	16	10.0	120	74.7	480	298.8
CHIBA	29	17.9	77	47.6	596	368.7
TOKYO	179	46.8	403	105.4	4382	1146.1
KANAGAWA	45	26.5	213	125.5	1176	693.1
NIIGATA	232	125.4	492	265.9	1043	563.8
TOYAMA	174	232.3	191	255.0	806	1076.1
ISHIKAWA	117	164.9	132	186.1	649	915.0
FUKUI	299	538.1	100	180.0	261	469.7
YAMANASHI	10	16.2	24	38.9	135	218.6
NAGANO	187	118.7	191	121.2	915	580.7
GIFU	335	293.2	96	84.0	578	505.9
SHIZUOKA	140	77.8	59	32.8	820	455.6
AICHI	285	119.3	184	77.0	1465	613.2
NAI	190	175.4	58	53.5	387	357.2
SHIGA	59	89.9	86	131.0	263	400.7
KYOTO	189	142.1	202	151.9	1014	762.3
OSAKA	182	71.3	119	46.6	1840	721.1
HYOGO	201	86.0	32	13.7	390	166.8
NARA	34	57.0	10	16.8	203	340.2
WAKAYAMA	71	96.7	10	13.6	184	250.5
TOTTORI	118	262.5	22	48.9	327	727.4
SHIMANE	84	122.8	113	165.2	779	1138.5
OKAYAMA	466	376.1	92	74.3	644	519.8
HIROSHIMA	997	647.8	84	54.6	1500	974.7
YAMAGUCHI	63	55.7	28	24.7	339	299.5
TOKUSHIMA	262	400.9	7	10.7	321	491.2
KAGAWA	286	407.3	39	55.5	373	531.3
EHIME	469	421.8	157	141.2	671	603.5
KOCHI	157	241.9	18	27.7	231	355.9
FUKUOKA	251	103.3	253	104.1	1747	718.7
SAGA	58	82.6	84	119.7	356	507.3
NAGASAKI	122	104.1	69	58.9	772	659.0
KUMAMOTO	250	184.9	65	48.1	338	250.0
OTTA	83	87.9	34	36.0	458	485.3
MIYAZAKI	35	44.6	26	33.1	373	475.5
KAGOSHIMA	110	82.3	84	62.9	416	311.4
*JUNE 1948	7947	133.0	5103	85.4	34876	583.8
**MAY 1948	10410	139.4	4449	59.6	41711	558.6
*JUNE 1947	35068	586.1	20625	344.7	34718	580.2

See footnotes at end of table.

Monthly Report - 26 June 1948
Continued

(N) - Number
(R) - Rate

PREFECTURE	PNEUMONIA		INFLUENZA	
	Cases		Cases	
	N	R	N	R
HOKKAIDO	425	144.2	16	5.4
AOMORI	179	198.3	2	2.2
IWATE	132	136.8	6	6.2
MIYAGI	162	135.2	3	2.5
AKITA	178	185.0	-	-
YAMAGATA	120	117.4	-	-
FUKUSHIMA	237	155.5	1	0.7
IBARAKI	134	87.0	-	-
TOCHIGI	108	92.0	4	3.4
GUMMA	105	87.3	-	-
SAITAMA	91	56.6	2	1.2
CHIBA	73	45.2	-	-
TOKYO	289	75.6	1	0.3
KANAGAWA	128	75.4	1	0.6
NIIGATA	239	129.2	7	3.8
TOYAMA	281	375.2	4	5.3
ISHIKAWA	117	164.9	5	7.0
FUKUI	92	165.6	1	1.8
YAMANASHI	37	59.9	-	-
NAGANO	190	120.6	1	0.6
GIFU	148	129.5	1	0.9
SHIZUOKA	109	60.6	2	1.1
AICHI	201	84.1	4	1.7
MIIE	68	62.8	-	-
SHIGA	63	96.0	31	47.2
KYOTO	132	99.2	3	2.3
OSAKA	105	41.1	5	2.0
HYOGO	75	32.1	-	-
NARA	20	33.5	1	1.7
WAKAYAMA	39	53.1	-	-
TOTTORI	69	153.5	-	-
SHIMANE	125	182.7	-	-
OKAYAMA	151	121.9	-	-
HIROSHIMA	250	162.4	51	33.1
YAMAGUCHI	69	61.0	-	-
TOKUSHIMA	101	154.6	-	-
KAGAWA	120	170.9	-	-
EHIME	296	266.2	4	3.6
KOCHI	65	100.2	-	-
FUKUOKA	247	101.6	10	4.1
SAGA	102	145.3	-	-
NAGASAKI	113	96.5	-	-
KUMAMOTO	153	113.1	-	-
OITA	55	58.3	-	-
MIYAZAKI	62	79.0	-	-
KAGOSHIMA	84	62.9	-	-
* JUNE 1948	6339	106.1	166	2.8
** MAY 1948	11259	150.8	363	4.9
* JUNE 1947	17311	289.3	462	7.7

See footnotes at end of table.

SUMMARY REPORT OF CASES AND CASE RATES
OF
VENEREAL DISEASES IN JAPAN

4 Week Period Ended 26 June 1948

PREFECTURE	CHANCROID		GONORRHEA		SYPHILIS	
	Number	Rates	Number	Rates	Number	Rates
HOKKAIDO	73	24.8	658	223.2	636	215.8
AOMORI	31	34.3	235	260.3	171	189.4
IWATE	10	10.4	100	103.6	133	137.8
MIYAGI	23	19.2	131	109.4	138	115.2
AKITA	10	10.4	175	181.9	124	128.9
YAMAGATA	1	1.0	87	85.1	196	191.7
FUKUSHIMA	34	22.3	290	190.3	224	147.0
IBARAKI	36	23.4	187	121.4	195	126.6
TOCHIGI	18	15.3	229	195.1	437	372.4
GUMMA	16	13.3	214	177.9	318	264.3
SAITAMA	24	14.9	170	105.8	172	107.1
CHIBA	40	24.7	316	195.5	299	185.0
TOKYO	129	33.7	1333	348.6	1051	274.9
KANAGAWA	111	65.4	889	524.0	663	390.8
NIIGATA	50	27.0	327	176.8	330	178.4
TOYAMA	20	26.7	161	215.0	211	281.7
ISHIKAWA	32	45.1	214	301.7	236	332.7
FUKUI	8	14.4	95	171.0	114	205.2
YAMANASHI	8	9.7	97	157.1	74	119.8
NAGANO	10	6.3	417	264.7	289	183.4
GIFU	37	32.4	282	246.8	158	138.3
SHIZUOKA	41	22.8	432	240.0	462	256.7
AICHI	267	111.7	1144	478.8	1059	443.2
MIE	34	31.4	186	171.7	315	290.7
SHIGA	37	56.4	108	164.6	140	213.2
KYOTO	105	78.9	457	343.5	578	434.5
OSAKA	90	35.3	635	248.8	734	287.6
HYOGO	229	97.9	1613	689.9	2220	949.6
NARA	60	100.6	251	420.7	257	430.7
WAKAYAMA	35	47.7	240	326.8	146	198.8
TOTTORI	9	20.0	365	811.9	301	669.6
SHIMANE	13	19.0	98	143.2	127	185.6
OKAYAMA	34	27.4	130	104.9	191	154.1
HIROSHIMA	76	49.4	472	306.7	455	295.7
YAMAGUCHI	80	70.7	534	471.7	520	459.4
TOKUSHIMA	26	39.8	65	99.5	87	133.1
KAGAWA	39	55.5	141	200.8	158	225.0
EHIME	42	37.8	199	179.0	246	221.3
KOCHI	33	50.8	127	195.7	111	171.0
FUKUOKA	217	89.3	1273	523.7	1110	456.7
SAGA	17	24.2	234	333.4	203	289.3
NAGASAKI	40	34.1	409	349.2	297	253.5
KUMAMOTO	34	25.1	281	207.8	276	204.1
OITA	28	29.7	250	264.9	193	204.5
MIYAZAKI	6	7.6	186	237.1	126	160.6
KAGOSHIMA	16	12.0	389	291.1	368	275.4
* JUNE 1948	2327	39.0	16826	281.6	16849	282.0
** MAY 1948	3922	52.5	25672	343.8	24081	322.5
* JUNE 1947	3207	53.6	18166	303.6	12661	211.6

There were no cases or deaths reported for plague.

The monthly reports refer to 4 and 5 week periods: one asterisk (*) indicates a 4 week period and two asterisks (**) indicate a 5 week period.

Rates are the number of cases or deaths per 100,000 population per annum. The 1947 rates are based upon the estimated population as of July 1947 and the 1948 rates are based upon the enumerated population 1 October 1947.

A dash (—) indicates that no cases or deaths were reported and that the case or death rate was zero.

A rate of 0.0 indicates that there were some cases or deaths but that the rate was less than 0.1.

